MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Items #1c & 2c r 15499 CERTIFICATE OF DEATH OR ATTENDING PHYSICIAN: The law requires that the deoth certificote be executed within 24 hours after death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY Montgomery MARYLAND Maryland b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 16 within 72 hours 6468/days Saverna Park Bethesda e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS filled The Clinical Center, Bethesda, Maryland 18 Severndale Road YES NO X carbon 3. NAME OF DECEASED Middle Last 4. DATE Month Day Year Gloria Blanche Elizabeth Adams event, (Type or print) DEATH November 1967 S. SEX 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH rthday) Months Haurs ond in ony 28 March 1924 White WIDOWED DIVORCED Female 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fare yn country) 12. CITIZEN OF WHAT during mast at warking life, even if retired)
Housewife physician (COUNTRY? INDUSTRY None Pennsylvania USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remova George C. McAvoy Mary Lamb ottending p 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dates af service) 16. SOCIAL SECURITY NO. 17. INFORMANT The Medical Record 0 Not available The Clinical Center, Bethesda, Maryland burial, cremation, 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN the signed by the burial-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH Metastatic Breast Carcinoma IMMEDIATE CAUSE (a). be retained by the hospital or attending physician. DUE TO Conditions, if ony, which gave (b) rise to immediate cause (a), DUE TO stating the underlying cause this certificate has been prior to (c) 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) YES X NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item IB.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH be detoched f (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or tawn) (County) (State) Nat While factory, street, office bldg., etc.) FUNERAL DIRECTOR: After 21. I certify that XI) (this haspital) attended the deceased fram Sept. 15, 1967, to Nov. 18, 1967, that M) (we) last saw the deceased alive an Nov. 18 19 67, and that death accurred at 6:45 M, from causes and an the date stated above 226. SIGNATURE 226. DATE SIGNED 1967 ATTENDING STAFF PHYS. M.D. DIRECTOR 22d ADDRESS The Clinical Center, National PHYSICIAN'S Page 4 moy NAME (Type) Institutes of Health, Bethesda, Md. James J. Nordlund, M.D. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL CREMATION. 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) 11/22/67 Seaside Cem. 0 Palerno N.J. 24. FUNERAL DIRECTOR ADDRESS 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 25M 1/67 Robert A. Pumphrey Bethesda, Md. DATE NOV 2 Marles

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15500 15498 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH USUAL RESIDENCE (Where deceosed lived, if institution; Residence before admission) o. COUNTY b COUNTY any delay is 1, 2, and 3 to n PM3. Page MARULAN MONTGOMERY
b. CITY OR TOWN (If outside corporate limits, MARYLAND MONTGOMERY c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b write RURAL and give nearest tawn) KENSINGTON BETHESDA d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS 4013/2 State NO K Pages executed within 24 hours after death. With Middle NAME OF Lost 4. DATE Doy Year DECEASED Give DDISON DEATH 19 67 (Type or print) be farwarded to the Chief Medical Examiner's Office along IF UNDER 1 YEAR S. SEX DATE OF BIRTH 9. AGE (In years IF UNDER 24 HRS 7. MARRIED NEVER MARRIED lost birthdoy) Months in Item 18. event within 72 haurs after death. WIDOWED DIVORCED MALE 10o, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 1f. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) MARYLAND

14. MOTHER'S MAIDEN NAME UNEMPLOYED 13. FATHER'S NAME pencil permit. File BERT MANDA IS. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dotes of service) 17. INFORMANT Addresken sington, MD. 16. SOCIAL SECURITY NO pending PLYERS MILL RO IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY: ONSET AND OEATH Preumonia, tuberculous IMMEDIATE CAUSE (o). 7 days This certificate should the ward 0021 DUE TO any Exacerbation of a chronic pulmonary tuberculosis Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse as 19. WAS AUTOPSY PERFORMED? crematian, ar remaval, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) YES . 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 3 should PRIMARY CONTRIBUTING C 4 shauld CAUSE OF DEATH. MEDICAL 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Doy, Year (City or town) (County) (State) Hour o.m. While Not While foctory, street, office bldg., etc.) may be retained for your FUNERAL DIRECTOR: Page ot work at wark 21. I certify that I taak charge of the remains described above, held on Autopsy Inspection 79 Inquiry 🔯 ond in my apinion deoth resulted from: Natural causes [7] Suicide Accident Hamicide [funeral directar. Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER prior SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S Pealth NAME (Type) Address (Street, city, town, or county) 230. BURIAL, CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b DATE THEREOF (County) (Stote) 0 T. ZION CEMETERY MT. ZION, MONTE, MO. PUNERAL DIRECTOR 250. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A 15ME (5

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 5490 HEALTH DEPT PLACE OF DEATH USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY b. COUNTY Maryland Montgomery 3 10 Montgomery Marylandann S deloy Par b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) pup PM3 write RURAL and give regrest town poges 1 and 2 with the State Depart d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) e IS RESIDENCE ON A FARM? 1201 Forest Glen Road Office along with farm Holy Cross Hospital pencil in Item 18. Give Poges NO.A YES This certificate should be executed within 24 hours after death. NAME OF 4. DATE OF November Year 67 Harry Ager DECEASED (Type or print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE
White 9. AGE (In years S. SEX 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH Male lost birthdoy) Months Dovs Hours hours ofter death. WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) westinghouse COUNTRY? Detroit, Michigan USA d 'pending' in pencif in Chief Medicol Exominer's 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME 17. INFORMANT event within 72 16. SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give war or dotes of service YES 167199 INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) writing the word DUE TO any Conditions, if ony, which gove rise to immediate couse (a). forworded to = DUE TO stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? removal, the certificate. NO pe 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) 3 should PRIMARY Or CONTRIBUTING 0 CAL EXAMINER: CAUSE OF DEATH. cremation, 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, form, (City or town) (Stote) 20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. foctory, street, office bldg., etc.) FUNERAL DIRECTOR: Page please execute 21. I certify that I taok charge of the remains described above, held an Autapsy [and in my apinion Inspection N Inquiry V Underermined manner death resulted from: Natural causes Suicide Hamicide retained CHIEF MEDICAL EXAMINER 22: DATE SIGNED ASSISTANT MEDICAL EXAMINER Health prior SIGNATURE O DEPUTY Added The My Dogn or county) 23o. BURIAL CREMATION 23d. LOCATION 0 REMOVAL (Specify) GOOD MEMORISH GROCH Olls CHIRCH 24. FUNERAL DIRECTOR VR A15ME (5) 6M 1/67

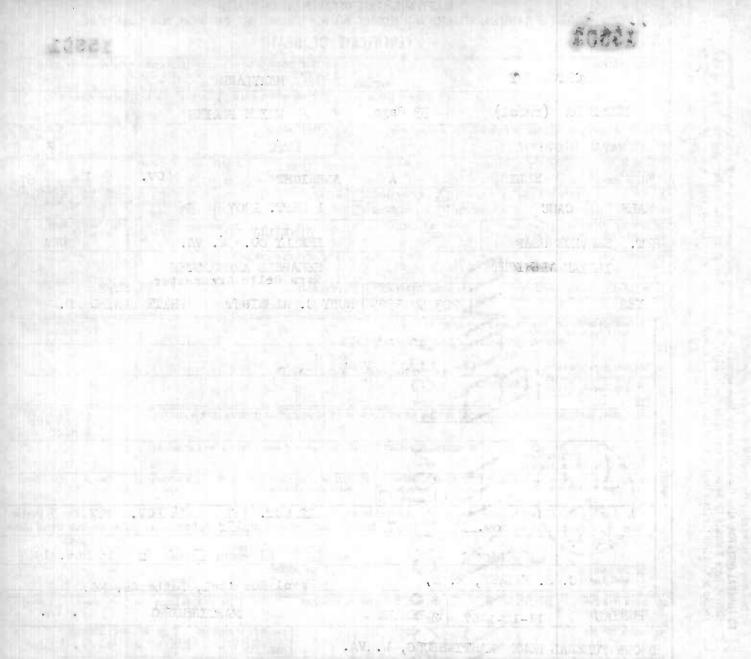
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death. er death, PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution; Residence before admission) a. COUNTY. a. STATE b. COUNTY after and MARYLAND b. CITY OR TDWN (If outside corporate limits, write RURAL and kive nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) hours 2 years C hren d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address filled d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 24 Huppup NO F YES within completely we carbon p NAME DE Middle Last 4. DATE Month Day Year DECEASED November event. (Type or print) DEATH 19 6 executed and con remove AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 5 SEX 6. COLOR OR RACE DATÉ OF BIRTH 8. 7. MARRIED NEVER MARRIED [last birthday) Months Days Hours in any WIDOWED DIVORCED [20 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT COUNTRY? 11. BIRTHPLACE (County & State, or foreign country) physician ease be INDUSTRY during most, of working life, even if retired) and SA House wi certificate 0 removal. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending ph Sara ed by the attend transit permit. cremation, or ru 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SDCIAL SECURITYNO. 17. INFORMANT Address (Yes, no, or unkown) (If yes give war or dates of service) 2528 STREIT NO INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). burial-transit burial, cremat ONSET AND DEATH by PART I. DEATH WAS CAUSED BY: attending physician. moulh IMMEDIATE CAUSE (a) signed DUE TO been sig Conditions, If any, which gave rise to immediate the to DUE TD cause (a), stating the prior underlying cause last. has as (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTDPSY for use Health use PERFORMED? certificate NO TO YES the hospital PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) this certified detached for Dept. of 1 DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NDTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While After at work p.m. at work retained 0 21. I certify that (I) (this hospital) attended the deceased from 19.67 that (I) (we) last DIRECTOR: Jage 3 should lied with the saw the deceased alive on_ Navember 13 1961 and that death occurred at 12 PM, from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED page ATTENDING PHYS. STAFF PHYS. M.D. DIRECTOR 4 may HOSPITAL PHYSICIAN'S 22d. ADDRESS O FUNERAL 22c. director, p NAME (Type) BURIAL, CREMATION, DATE THERED NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23c. Bural (Specify) 24. FUNERAL DIRECTOR REC'D BY REGISTRAR | 25b. REGISTRAR VR AI5 (4) 20M 1/65



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 15561 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY MONTGOMERY b. COUNTY MARYLAND requires that the death certificate be executed within 24 haurs after c. LENGTH OF STAY IN 1b b. CITY OR TOWN (If outside corporate limits, c. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town) write BETHERSTYA nedrekt 1041 al) 33 days WHITE PLAINS d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) attending physician and campletely filled in permit. Then please remave carbon papers. please remave carbon paper. ON A FARM: RT#2 NAVAL HOSPITAL YES PE NO 3. NAME OF First Middle Lost 4. DATE Day Year DECEASED 14 ELLIS ALBRIGHT NOV. 67 DEATH (Type or print) 19 and in any event, S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED last birthday) Manths Hours 1 SEPT. 1907 MALE CAUC WIDOWED 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
RET SERVICE USAF 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT THPLACE (Caunty & State, or foreign country) INDUSTRY COUNTRY? BEEKLY CO. USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remayal WILLIAM ALBRIGHT SERABELL ARMBRASTEN Sara Relle Armbrester
Address RT#2 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT permit. (Yes, no es unknown) (If yes give war ar dates of service) crematian, ar 223 50 3505 RUBY C. ALBRIGHT WHITE PLAINS MD. 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN burial-transit ONSET AND DEATH Stahamado IMMEDIATE CAUSE (a) signed by Page 4 may be retained by the haspital ar attending physician. DUE TO burial, Conditions, if ony, which gove rise ta immediate cause (a). DUE TO stoting the underlying cause for use as the has b 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) director, page 3 shauld be detached for use should be filed with the State Dept. of Health YES X NO F TO FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for us 20o. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) foctory, street, affice bldg., etc.) Not While 19 at work at wark 21. I certify that (1) (this hospital) attended the deceased fram 12 OCT., 1967, to 14 NOV., 1967, that (1) (we) last saw the deceased alive on Nov. 14 1967, and that death accurred at 615P M, from couses and on the date stated above. 12 OCT, 1967, to 14 NOV, 1967, that (1) (we) last 22o. SIGNATURE 22b. DATE SIGNED ATTENDING STAFF 16 Nov. 1967 X DIRECTOR M.D. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S C. S. REEVES, M. D. NAME (Type) Naval Hospital Bethesda 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) REMOYAL (Specify) MARTINSBURG VA. ROSEDALE 11-18-1967 24. FUNERAL DIRECTOR **ADDRESS** 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66 MARTINSBURG, W. VA. BROWN FUNERAL HOME

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15502 15504 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY Rulgamon ofter MARYLAND b. CITY OR TOWN (If outside corporate c. LENGTH OF STAY IN 1b c. CITY OR TOWN outside corporate limits, write RURAL and give curest town write RURAL on d NAME OF HOSPITAL OR INSMIUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? papers within 72 l YES NO T The law requires that the death certificate be executed within 3. NAME OF carban DATE Doy Year completely DECEASED event, (Type or print) IF UNDER 1 YEAR 6. COLOR OR RACE AGE (In years lost birthdoy) IF UNDER 24 HRS NEVER MARRIED Months Hours and in any DIVORCED WIDOWED gud 10o. USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT 11, BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if settled COUNTRY? physician or remaval, IS. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no cor unknown) (If yes give wor or dotes of service) 16. SOCIAL SECURITY NO 17. INFORMANT Address 577-09-9565 MANI crematian, 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), onld (c).) INTERVAL BETWEEN the signed by the burial-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO burial, Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse O HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital or attending priar ta PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? has NO X certificate ar 20o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) foctory, street, office bldg., etc.) Not While After ot work of work 21. I certify that (1) (this haspital) attended the deceased fram that (I) (we) last and that death accurred at 120 M, fram causes and an the date stated above. DIRECTOR: saw the deceased alive an. 19 220. SIGNATURE 22b. DATE SIGNED ATTENDING M.D. DIRECTOR PHYS. PHYS 22d. ADDRESS 22c. PHYSICIAN'S FUNERAL directar, po shauld be f NAME (Type) 23o. BURIAL, CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) Burial (Specify) 11-24-67 Meadow Brook Cemetery Mulliken 0 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 25M 1/67 ROBERT A. PUMPHREY, Bethesda, Maryland Milanelas

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FOR STATE	3		5503
HEALTH DEPT.		PRACE OF DEATH PROJUNTY MARYLAND 2. USUAL RESIDENCE (Where deceosed lived, if institution: Response to the country of the c	sidence before admission)
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form farm	,	d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) Lebendan d. STREET ADDRESS 745 Monroe St.	e. IS RESIDENCE ON A FARM? YES NO
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d within 24 haurs after death. If an in pencil in Item 18. Give Pages 1, 2 Examiner's Office along with farm. File pages I and 2 with the State Depages I and 2 with the State I and 3 with the Sta		F There WIDOWED DIVORCED 7-18-20 (ast birthday) Mant	
24 haurs o in Item 18 er's Office a ers land2 w		uring mest of warking lite, ever if retired) INDUSTRY	COUNTRY?
within pencil camine le page	13.	3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Crie Rogers Ha	UL.
be executed within "pending" in pencil ief Medical Examine insit permit. File pag ent within 72 haurs	fS (Y	(S. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na, ar baknown) (If yes give war ar dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address Address	ne theme
		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) //////// Pulmonary edema, intra alveolar hemm DUE TO Conditions, if any, which gave) (b) Cardiac hypertrophy and dilatation	INTERVAL BETWEEN ONSET, AND DEATH Sudden
s certificate shauld e, writing the ward farwarded ta the Ch used as a burial-tra naval, and in any ev		rise to immediate cause (a), stating the underlying cause last. DUE TO (c) Secondary anemia	
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EXAMINER. ute the cert ge 4 shaul your files. Page 3 shaul crematian,	MEDICAL	20c. TIME OF INJURY Manth, Day, Year Haur o.m. p.m. 20d. INJURY OCCURRED While at wark at wa	(Caunty) (State)
MEDICAL I please exect I director. Pretained for retained for DIRECTOR: or to burial,		21. I certify that I tack charge of the remains described obove, held on Autopsy . Inspection . Inquiry a death resulted fram: Natural causes . Accident . Suicide . Homicide . Undetermined monner . CHIEF MEDICAL EXAMINER . ASSISTANT MEDICAL EXAMINER . DEPUTY MEDICAL EXAMINER . DEPUTY MEDICAL EXAMINER .	
TO DEPUTY necessary, the funera 5 may be TO FUNERAL Health price	23	NAME (Type) Address (Street, city, tawn, ar caunty) 3a. BURIAL CREMATION, REMOVAL (Specify) Address (Street, city, tawn, ar caunty) 23d. LOCATION (City or Jawn) 7 Tool 11 15 05 0	(County) (State)
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MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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PLACE OF DEATH O. COUNTY			g. STATE	(Where deceased lived, if institution: Reside b. COUNTY	nce before odmission)
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b. CITY OR TOWN	(It outside corparate limits, and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If	autside corporote limits, write RURAL and giv	ve neorest tawn)
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d. NAME OF HOSE	PITAL OR INSTITUTION (If not i	in haspital, give street address)	d. STREET ADDRESS	3-1-2-01	e. IS RESIDENCE ON A FARM? YES NO TO
Washing 3. NAME OF		m and Hospital Middle		rskingStreet	- A
DECEASED (Type or print)	Paul	The second secon	donian	4. DATE Month OF DEATH November	Day Year
S. SEX	6. COLOR OR RACE	7. MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years IF UNDER	
Male	White	WIDOWED DIVORCED	3-22-96	last birthdoy) Months	Days Haurs Min.
Da. USUAL OCCUPATI during mast af workin Bar He 13. FATHER'S NAME	ON (Give kind of work done glife, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY Washington D.		(1	ITIZEN OF WHAT DUNTRY? America
Hagon	Andonian		Elizabe	th Chulgian	
IS. WAS DECEASED F	VER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 1	7. INFORMANT	Address	
No) (If yes give war or dates of s	018-07-0625	Patient's	chart	
18. CAUSE OF PART I. DE	DEATH (Enter anly one cause ATH WAS CAUSED BY.	per line far (a), (b), and (c).)			INTERVAL BETWEEN ONSET AND DEATH
184	IMMEDIATE CAUSE (a)				
Canditians, if a	DUE TO	Chalanaiti	S		7 days
rise to immedi stating the und last.	ate cause (a),	Chronic chole	cystitis =	cholelithissis thiss	years
PART II. OTHER	SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT NOT RELATED T			19. WAS AUTOPSY PERFORMED?
al Old	pleurisy,	recent cholecys	tectomy, pric	eumonia,	YES NO
OR CONTRIBUTION	AS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRI	D. (Enter note of injury in	n Part I or Part II of item 18.)	
20c. TIME OF IN	JURY Manth, Day, Yeor		PLACE OF INJURY (Hame, for foctory, street, affice bldg., et		ounty) (State)
		tal) attended the deceased fram	hat death accurred a	19 6 7, ta 10 0 8 , 19 at 53 A M, fram causes and an t	he date stated abov
22a. SIGNATUR		tenan	M.D. ATTENDING		ATE SIGNED
22c. PHYSICIAN NAME (Typ		stnow	831 UNI	V. BIVI. East, Si	1. Spring, A
23a. 8URIAL, CREMA REMOVAL (Spec		1967 23c. NAME OF CEMETERY	OR CREMATORY CHECK	23d. LOCATION (City or Town) Washingto	(County) A (State)
24. FUNERAL DIREC	TOR.	SILVEY SPRING,		C'D BY REGISTRAR 25b. REGISTRAR'S	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed with 74-bours after deoth. **TO FUNERAL DIRECTOR:** After this certificate hos been signed by the ottending physicion ond completely filled in by the funeral director, page 3 should be detoched far use as the burial-transit permit. Then please remove corbon papers. Pages I and should be filed with the State Dept. of Health prior to burial, cremotian, or removal, and in any event, within 72 haurs after deat Page 4 may be retained by the hospital or ottending physicion. VR A15 (4) 25M 1/67

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15509 OF DEATH 15507 OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If outside/corporate limits, write RURAL and give peorest town) c. LENGTH OF STAY IN 16 limits, write RURAL and give newest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS pape NAME OF Middle 4 DATE completely DECEASED OF DEATH (Type or print) COL S. SEX IF UNDER I YEAR 6. COLOR OR RACE 9. AGE (In years IF UNDER 24 HRS NEVER MARRIED Jast birthday) Manths Dovs WIDOWED 5 DIVORCED 10g, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during mast af working life, even if retired) INDUSTRY COUNTRY? 13. FATHER'S NAME ar removal, Hinton-15. WAS DECEASED EVER IN U.S. ARMED FORCES? ROCKVILLE, M. 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dates of service) M. Atherton, JR11717 Enid Dr crematian, CAUSE OF DEATH (Enter only one cause per line, for (a), (b), and (c). INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (a) signed by DUE TO burial, Conditions, if any, which gave rise to immediate couse (a), DUE TO stating the underlying cause this certificate has been Health priar ta WAS AUTOPS PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN use NO for 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II af item IB.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or tawn) (County) (Stote) factory, street, affice bldg., etc.) Not While be retained by 1964, to Mar 21, 1967, that (1) (we) last 22a. SIGNATURE 22b. DATESIGNED STAFF M.D. DIRECTOR 22c. PHYSICIAN'S 22d. ADDRESS TO FUNERAL NAME (Type) e orge director, shauld be 23g. BURIAL, CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) REMOVAL (Specify) 11-24-1967 Parklawn Cemetery Rockville, M. 24. FUNERAL DIRECTOR Oseph Gawler's Sons, ADDRESS. 25b. REGISTRAR'S SIGNATURE 2Sq. REC'D BY REGISTRAR VR A15 (4 25M 1/6 5,30 Wisc. Ave. M.W. Wash.DC.

15561 M. W. Stewart St. W. BETHEODIN ANT YOUR . A. Springly ale

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15508 15510 CERTIFICATE OF DEATH OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY Montgomery Marty land Montgomery MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CLENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) hours Silver Spring d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Montgomery General Hospital 13230 Bregman St. YES NO [3 NAME OF First Middle 4. DATE Last Month Year DECEASED 18 1967 Rueben Baker Lamar DEATH 77 (Type ar print) IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years 7 MARRIED NEVER MARRIED 87 (in years Months 10/26/86 WIDOWED DIVORCED an and 10a. USUAL OCCUPATION (Give kind of wark dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT during mast af working life, even if retired) INDUSTRY COUNTRY? pup Retired Md. U.S. 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME remayal, Tyson Baker Edith Sullivan IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give war or dates af service) Edith Keller 12910 New Hamshire Ave. crematian, CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c).)
 PART 1. DEATH WAS CAUSED BY: VISENSE ONSET AND DEATH burial-transit IMMEDIATE CAUSE (a) DUE TO HTHEROSELEROSIS burial Conditions, if any, which gave rise to immediate cause (a), DUE TO stoting the underlying cause ETERIOSE LEROSIS has been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? NO M certificate for He 20a. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) by the haspital OR CONTRIBUTING CAUSE OF DEATH af detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town (County) (State) Hour a.m. factory, street, office bldg., etc.) Nat While State [21. I certify that (I) (this haspital) attended the deceased fram 1967; and that death accurred at 6.10M, From causes and an the late street above FUNERAL DIRECTOR: sow the deceased alive and 22a. SIONANURE 22b. DATE SIGNED DIRECTOR M.D. director, page 22d. ADDRESS NAME (Type) Donald Sandy Spring, Md. Lewis MD. 23b. DATE THEREOF 23a. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) (County) REMOVAL (Specify) Colesville Meth. Cem. Md. Colesville Rockville Pike 2Sb. REGISTRAR'S SIGNATURE 2Sa. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR. F. H. 1331 son Wheeler Rockwille.

GEOTE HOGREDIAL LISENS Colonary ATHEROSOLEROSIS GENU HETERIOSELEPOSIS DIAZETES MELLITOS - SHYPETTE USION

41 FOR STATE DEPT.

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and 3 to

This certificate should be executed within 24 hours ofter deoth. If any delay is

TO DEPUTY MEDICAL EXAMINER:

5513

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15510

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

E	1. 1	PLACE OF DEATH					2. USUAL RESIDENCE	(Where deceosed	lived, if instituti	on: Residence	before o	dmission)
	-	o. COUNTIGO	MERY		MARYLA	MARYLAND MONTGOMERY						
		P. CITY OF TOWN	If outside corporate limit	rs,	c. LENGTH OF STAY IN						neorest to	own
			Agive nearest tawn)		D.O.A.		ROCKVIL	LE		1	51	
9		d NAME OF HOSPIT	AL OR INSTITUTION (IF I	ot in hospitol, (give street address)		d_SIRET ADDRESS 506 DENHA	M ROAD				RESIDENCE ON A FARM? NO X
		AME OF First Middle Lost 4. DATE Month OF DEATH NOV.									Doy 12	Year 19 67
Ì	S.]	SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED WIDOWED	NEVER MARRIED -		MARCH 3,	1-	GE (In years ost birthday) yrs.			UNDER 24 HRS. lours Min.
		. USUAL OCCUPATION ing most of working	N (Give kind of work done life, even if retired)		ND OF BUSINESS OR DUSTRY		11. BIRTHPLACE (Stot ALABAMA	e or foreign count	ry)		SA.	HAT
	13.	FATHER'S NAME					14 MOTHER'S MAIDEN	NAME				
			EL REID BAF				CHERYL	MARDIS				
	15. (Ye	WAS DECEASED EVI es, no, or unknown) IV O	R IN U.S. ARMED FORCES? (If yes give wor or dotes	of service)	SOCIAL SECURITY NO.		NFORMANT CHAEL REID	BARRETI	Addre		SAME	
		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE (AUSE (a) Formany Edenis and Atelectus.)									INTERVAL BETWEEN ONSET AND DEATH	
		Conditions, if ony	DUE	()	ral. Pr	1					24 hr?	
		rise to immediate couse (a), stating the underlying couse (b) (c)										
	ATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBITING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)										AS AUTOPSY REORMED?
	CERTIFICATION	20o. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.)										
	MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. p.m. 19 20d. INJURY OCCURRED While of work of										
8		21. I certify that I took charge of the remains described above, held an Autapsy , Inspection , Inquiry , and in my opinion death resulted fram: Natural couses , Accident , Suicide , Hamicide , Undetermined manner										
		ACTUAL	00		m 4		CHIEF MEDICA	L EXAMINER				
		SIGNATURE	Hohm?	7 134	7936 Old G	2011	M.D. ASSISTANT ME	DICAL EXAMINER	3 1/1	2/67	7 22.	DATE SIGNED
2		EXAMINER'S NAME (Type)	John G.	Ball !	Bethesda,	Md.	Address (Stre	et, city, town, or o	county)			
		BURIAL, CREMATI			23c. NAME OF CEMETE	RY OR	CREMATORY		10N (City or To sden,		County) Ma	(Stote)
		I. FUNERAL DIRECTO	R eeler Fune	ral Ho	Rockvil		Md.	D BY REGISTRAR		GISTRAR'S SIG		deal.
7			oler rule	1 01 110			DAT	IV 14 18	167 87		1	0
1 "	. 4	()										

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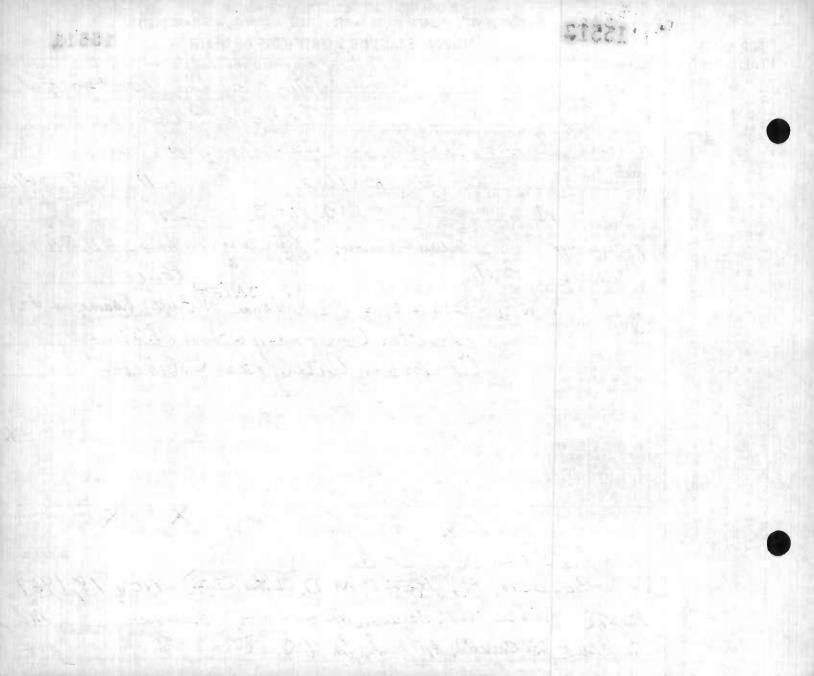
5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as 9 buriol-transit permit. File pages 1 and 2 with the State Department of

Health prior to burial, cremation, or removal, and in any event within 72 hours ofter death.

the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PMS. necessory, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1,

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15511 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) ny delay is 2, and 3 to PM3. Page 0 MARYLAND with the State Department b. CITY OR TOWN Of autside carparate limits, c. LENGTH OF STAY IN 1b outside corporate limits, write RURAL and give negrest Abwn) Write RORAL and give negrest tow d. NAME OF HOSPHAL OR INSTITUTION (If nat in haspital, give street address) IS RESIDENCE ON A FARM? d. STREET ADDRESS e, writing the ward "pending" in pencil in Item 18. Give Pages 1, farwarded to the Chief Medical Examiner's Office along with farm YES NO I be executed within 24 haurs after death. NAME OF Middle Last DATE Month Day Year DECEASED 1961 (Type ar print) DEATH 6. COLOR OR RACE AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED DATE OF BIRTH Manths last birthday) Hours Days 72 haurs after death. 3 WIDOWED DIVORCED File pages land 2 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT during most of working life even if retired) COUNTRY ? 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAM 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT permit. (Yes, no, ar unknown) (If yes give war ar dates of service) within same as alkerine CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN burial-transit ONSET AND DEATH event IMMEDIATE CAUSE (a) This certificate should DUE TO any Conditions, if ony, which gove rise ta immediate cause (a), 5 DUF TO stating the underlying couse 0 and SD be used 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) remayal, CERTIFICATION the certificate, NO pe 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) 3 should should PRIMARY Or CONTRIBUTING 0 CAUSE OF DEATH crematian, 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home form (City or tawn) (State) (County) Haur a.m. foctory, street, affice bldg., etc.) Not While may be retained for your FUNERAL DIRECTOR: Page Page at wark L at wark 21. I certify that I took charge af the remains described above, held an Autapsy [Inspection Inquiry and in my apinian Natural causes funeral directar. deoth resulted from: Suicide Accident Hamicide Undetermined manner CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE prior SELDEN Health Addels the day (act, pe county) / Y NAME (Type) 23c. NAME OF 23d. LOCATION 23a. BURIAL, CREMATION (State) 0 Baltimere Nationa 24 FUNERAL DIRECTOR 2Sb. REGISTRÁR'S SIGNATURE VR A15ME (5) 6M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

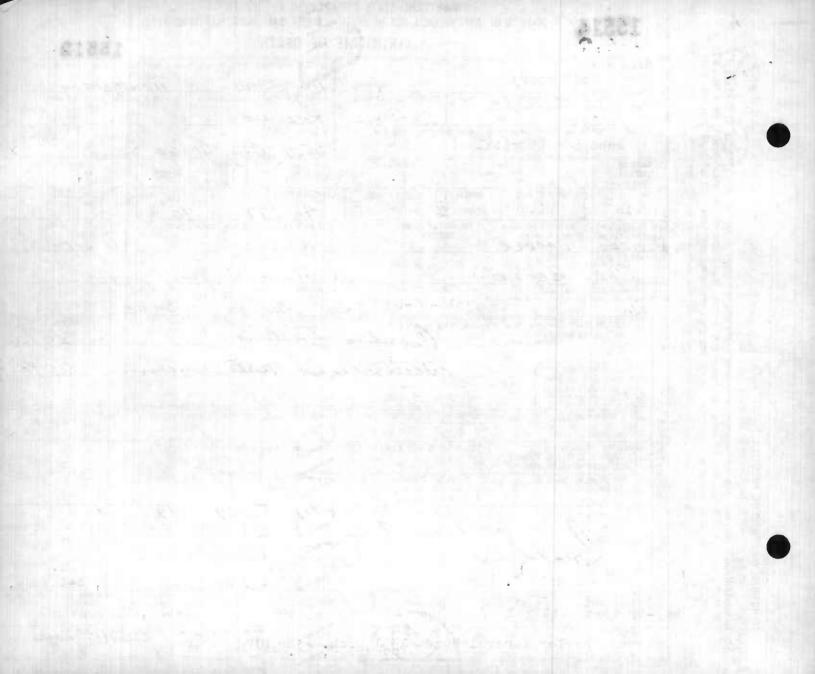
CERTIFICATE OF DEATH

15512

1.	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission)
	o. COUNTY Montgomery MARYLAND	O. STATE B. COUNTY MARY LAND MONTONERY
	MAKTORIO	CITY OR JOWN (If outside corporate limits, write RURAL and give nearest town)
	write PIPAI and give negrest town)	
-	Bethesda 29 Pays	ROCK VILLE 15
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS o 1S RESIDENCE ON A FARM?
	Suburban Hospital	6509 OLD STAGE RD YES NO NO
3.	NAME OF First Middle	Lost 4. DATE Month Day Year
	(Type or print)	ECKMAN OF NOV. 7, 1967
S.	The state of the s	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lost birthday) Manths Doys Haurs Min.
	Male White WIDOWED DIVORCED	5/17/77 lost birthday) Manths Doys Haurs Min.
	o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT
20	ring most of working life, even if retired) INDUSTRY	WISCONSIN COUNTRY?
	FATHER'S NAME	14 MOTHER'S MAIDEN NAME
	Carl Barra	1 2
10	CARL BECKMAN	HANA BEYER
		INFORMANT Address
	es, na, or unknown) (If yes give war ar dates af service) 318-09-6930A	ON MORRIS - SAME
	18. CAUSE OF DEATH (Enter only one cause per line for (o), (b) and (c).)	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Clardine	facture ONSET AND DEATH
	45 00 DUF TO	
	Conditions if any which area	ried asterioselem 20 /ks.
	rise ta immediate cause (a),	20/KI,
	storing the underlying cause	
	last. (c)	
3	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
Z E		YES NO NO
CERTIFICATION		(Enter nature of injury in Part I or Part II of item 18.)
E.	OR CONTRIBUTING □ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
MEDICAL		CE OF INJURY (Home, farm, 20f. (City ar tawn) (County) (State)
WED	Hour o.m. While Not While fact	tory, street, office bldg., etc.)
-	p.m. 19 of work af work	
	21. I certify that (I) (this haspital) attended the deceased fram_	
		t death accurred atM, fram causes and an the date stated above.
	220. SIGNATURE	ATTENDING MED. STAFF 22b. DATE SIGNED
	Maldran MI	D. PHYS. L. DIRECTOR L. PHYS. L.
	22c. PHYSICIAN'S	22d. ADDRESS Md.
	NAME (Type) Ronald . Barr	10401 Old Georgetown Road, Bethesda,
	O. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME_OF_CEMETERY OR	CREMATORY . 23d. LOCATION (City or Town) (County) (Stote)
Bar	-TEMOVAL (Specify) 11/11/67 New Lisbon (Cemetery New Lisbon, Wisconsin
24	4. FUNERAL DIRECTOR ADDRESS	250, REC'D BY REGISTRAR 250 REGISTRAR SIGNATURE
	Tyson Wheeler Funeral Home 1331 Rockward	
	ROCKVIII	e, rid) pair

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funcial director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers, Pages 4 and shauld be filed with the State Dept. of Health prior to burial, crematian, or removal, and in any event, within 72 hours after death TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours aft Page 4 may be retained by the hospital ar attending physician.

VR A15 (4) 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

-		19919		CERTIFIC	ATE	OF DEATH		19	212
VI				MARYLAN	ND	o. STATE Mary	land b. CC	DUNTY P	FED
	Ł	. CITY OR TOWN (If outside corporate limi write RURAL and give neorest town) Rural-Bethesda	Comparison Com	eorest town)					
	1. PLACE OF DEATH o. COUNTY Mond b. CITY OR TOWN (If or write RURAL and or RURAL and or RURAL and or RURAL Bell d. NAME OF HOSPITAL 3. NAME OF DECEASED (Type or print) RE 5. SEX 6 Male 100. USUAL OCCUPATION (Goduring most of working life NOTE 13. FATHER'S NAME Phil 15. WAS DECEASED EVER II (Yes, no, or unknown) (If NOTE 16. CAUSE OF DEAT PART I. DEATH Conditions, if ony, wrise to immediate containing the underlying state of the print of the containing containin						verdale		16
3/	C		2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission)	e. IS RESIDENCE ON A FARM?					
26		Naval Hospital				6223 Fern	wood Terrace		YES NO X
	[ECEACED		1		Last	OF	er	9 19 67
			7. MARRIED	NEVER MARRIED	B.	DATE OF BIRTH			
	_			DIVORCED [09	November	1967 yrs		
ond in any eveni, within 72 Hours	10o. durii	USUAL OCCUPATION (Give kind of work done ng most of working life, even if retired) None				11. BIRTHPLACE (County		12. CITIZE COUN	EN OF WHAT TRY?
	13.	FATHER'S NAME				14. MOTHER'S MAIDEN	NAME		
		Philip L. Ber	reano			Na	ncy Dee Kirp		
		WAS DECEASED EVER IN U.S. ARMED FORCES', no, or unknown) ((If yes give wor or dotes	of service) 16.	SOCIAL SECURITY NO.	17. INF	ORMANT	6224	dreFernwo	od Terrace
	(, 0.	No	-	None		Philip L.			
		PART I. DEATH WAS CAUSED BY: J G J O Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse last.	(b)	ectasis, Lur					ONSET AND DEATH
1	CATION	PART II. OTHER SIGNIFICANT CONDITIONS							PERFORMED?
		20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DE	SCRIBE HOW INJURY OCCU	IRRED. (En	iter noture of injury in	Port I or Port II of item 18.)	9-2	
	MEDICA	p.m. 19	While of work	Not While of work	foctory	, street, office bldg., etc.)		
1		220. SIGNATURE Solution	4	ded the deceased fra er 19.67, and		ATTENDING PHYS. 22d. ADDRESS	MED. STAFF PHYS.	22b. DATE	signed ember 1967
	230.	REMOVAL (Specify)				EMATORY .	23d. LOCATION (City or	Town) (Co	ounty) (Stote)
	24	funeral funeral Home		9Th STRESS N.	W.			REGISTRAR'S SIGN	NATURE
1	GO	Idberg Funeral Home	3 . T.T L	natan DC		DATE	AV 1 2 1927	077. 0	. 0

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6. din 972	atrick 75	alcal to Larin
town + 2 Somework (CL)		and Regulary Const
	onesto e	nd Smitel Plabani
Saverborn 2 ldf Tarenser 2		Male Carrenter afail
Manager Manager And Andrews Andrews		
erel Augusta ISCo		PALIS Joinney
And the L. Derenno Street hind Test the		
Belleville And The Tall		
Dentity of American Line (1990)		2 m = 1 0 m
The state of the s		

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours after deoth.

Page 4 may be retained by the hospital or ottending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in b director, page 3 should be detached for use as the buriol-transit permit. Then please remove corban papers. should be filed with the State Dept. of Health prior to buriol, cremotion, or removal, and in any event, within 72 bad

VR A15 (4) 25M 1/67

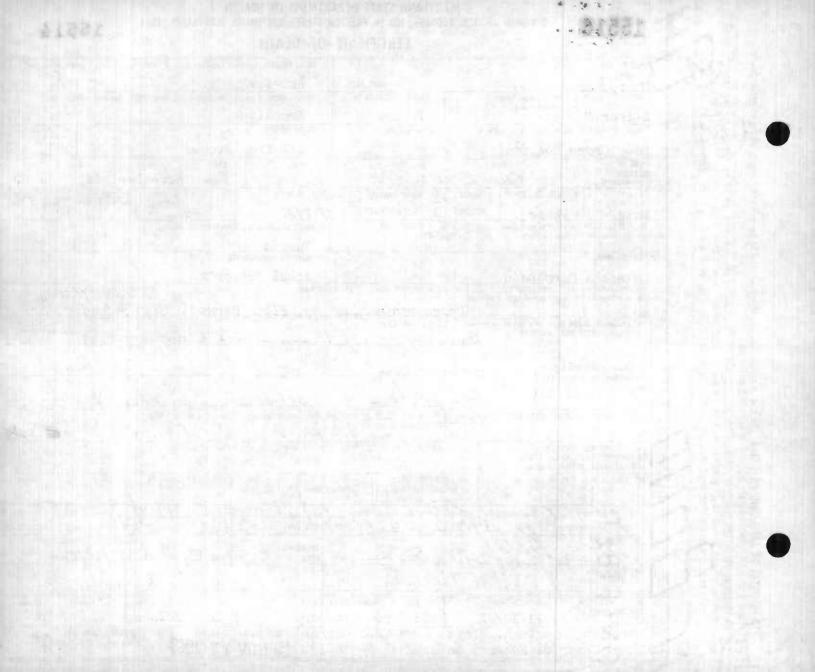
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filled in by the ru

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15514

	CERTIFICATE	OF DEATH									
1. PLACE OF DEATH o. COUNTY Montagement	MARYLAND	2. USUAL RESIDENCE (No. STATE New York	Where deceosed lived, if institution: Residence b. COUNTY	before odmission)							
b. CITY OR TOWN (If outside corporate limits,	c. LENGTH OF STAY IN 1b		stside corporate limits, write RURAL and give n	earest tawn)							
Silver Spring	7 days	Brookly		69-3							
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospit-	ol, give street oddress)	d. STREET ADDRESS		e IS RESIDENCE ON A FARM?							
Holy Cross Hospital		255 Tro	y Avenue	YES NO							
3. NAME OF First DECEASED (Type or print) OSCO +	Middle	Bern	4. DATE Month OF November 14	Doy Year 19 67							
S. SEX 6. COLOR OR RACE 7. MARRI		B. DATE OF BIRTH	9. AGE (In years IF UNDER 1 YI lost birthdoy) Months D								
MILLE MILLE	o. KIND OF BUSINESS OR INDUSTRY		COUN	EN OF WHAT TRY? 'SA							
13. FATHER'S NAME	, , , , , , , , , , , , , , , , , , , ,	Russia.		DA							
Menosha Bernstein		Ethel Sci	hvants								
15. WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	INFORMANT	Address 209 W	hitney							
(Yes, no, or unknown) (If yes give wor or dotes of service)	Unascertainable	Mr. Ellis		iconey							
18. CAUSE OF DEATH (Enter only one couse per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	for (o), (b), and (c).)	thuram be	sis à mjoraul.	ONSET AND DEATH							
Conditions, if ony, which gove) (b)	fant 10in		0	Zurks							
rise to immediate couse (a), stating the underlying couse (c)	agestive f.	a love Coul	mandy vedous)	2 hrs.							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO.											
206. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in									
Hour o.m. W		CE OF INJURY (Home, form tory, street, office blog., etc.)		y) (Stote)							
saw the deceased alive an	21. 1 certify that (1) (this haspital) oftended the deceased from 11/4/, 1967, to 11/14/, 1967, that (1) fwe) las										
220. SIGNATURE	wor M		MED. STAFF 22b. DATE PHYS. 11/15								
Dr. PHYSICIAN'S NAME (Type) Evnest E	thoman M	1 22d. ADDRESS 1 9301	Colosulle ad I	y red							
23o. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR			ounty) (Stote)							
Burial 11/16/67	Beth David Cen			New York							
24. FUNERAL DIRECTOR Donald M. Ste- Hebrew Memorial Funeral			D BY REGISTRAR 25b. REGISTRAR'S SIGN	VALUE							



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15517

CERTIFICATE OF DEATH

15515

	ontgomery	MARYLAND	o. STATE Flor		· V		
b. CITY OR TOWN write RURAL of Bethes	(If outside corporate limits, ad give/nearest town) da (rural)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside carporote limits, write RURAL ond give neorest tawn) Hialeah 42				
d. NAME OF HOSP	ITAL OR INSTITUTION (If not in h	ospital, give street oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?		
Naval	Hospital		948 We	st 79th Street	YES NO		
3. NAME OF DECEASED (Type or print)	First John	Middle n Richard	Last BERRIOS	4. DATE Month OF November 2	Doy Year 27 1967		
s. sex Male			B. DATE OF BIRTH Dec. 12, 19	9. AGE (In years last birthday) Yrs.	Days Haurs Min.		
during most af warking	ON (Give kind of work dane g life, even if retired) rine Corps	10b. KIND OF BUSINESS OR INDUSTRY	, ,	8 Stote, or foreign country) 12. (I) City, N. Y.	UNTRY? USA		
John Ra	lph Berrios			M. Malgrat			
Yes no or unknown	VER IN U.S. ARMED FORCES?	(e) 16. SOCIAL SECURITY NO. 17. 16. 267 80 9453 Mr	NFORMANT His	lleah, Floridaess oh Berrios, 948 West	79th St.		
Canditians, if or rise to immedi stating the unclust.	ore couse (o), lerlying cause (c)	Gastrointestinal Multiple gunshot	wounds to	abdomen	INTERVAL BETWEEN ONSET AND DEATH		
PART II. OTHER OR CONTRIBUTIN (IF FITHER NOTIF	SIGNIFICANT CONDITIONS CONTRIL	BUTING TO DEATH BUT NOT RELATED TO			19. WAS AUTOPSY PERFORMED? YES \ NO [
20a. ACCIDENT W OR CONTRIBUTIN (IF EITHER, NOTIF	AS UNDERLYING □ G □ CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED. Rifle shots rece		Port I or Port II of item 18.) ng, South Viet Nam			
300 Hone.	o.m. 26 Aug 1967	While Not While of work of work	CE OF INJURY (Home, form ory, street, office bldg., etc.	30 miles south 1			
saw the	deceased alive on Nov	attended the deceased from 1967, and tha	t death occurred of	19 67 , to Nov 27 , 19 6 420A M, from causes and on the	of, that (代 (we) la ne date stated abov		
22a. SIGNATUR	MIR	try M.	111101		ATE SIGNED . 28, 1967		
22c. PHYSICIAN NAME (Typ)./	Naval Hos	spital, Bethesda, Mo	1.		
230. BURIAL, CREMAI REMOVAL (Speci Buria	(x) 1 /1 /1	23c. NAME OF CEMETERY OR Vista Memoria		23d. LOCATION (City or Town) Hialeah, Florida	(Caunty) (Stote)		
	OR Falls Church	Funeral Mome		D BY REGISTRAR 25b. REGISTRAR'S S			

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physicion. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral director, page 3 should be detoched for use as the burial-transit permit. Then please remove corban papers. Taggs 1 and 2

₩ A15 (4) 25M 1/67

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FOR STATE HEALTH DEPT 2, and 3 ta y delay is P.M.3. Page artmen Stare De in pencil in Item 18. Give Pages 1, the funeral director. Page 4 shauld be forwarded to the Chief Medical Examiner's Office along with fora This certificate shauld be executed within 24 haurs after death. If 5 may be retained far yaur files.

TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the Health priar to burial, cremation, ar removal, and in any event within 72 haurs after death. necessary, please execute the certificate, writing the ward TO DEPUTY MEDICAL EXAMINER:

15513

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

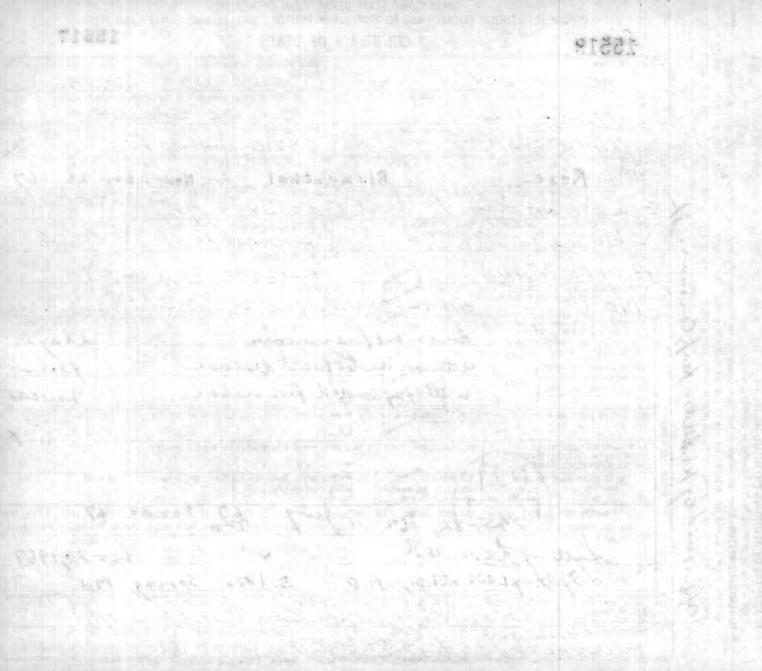
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

15516

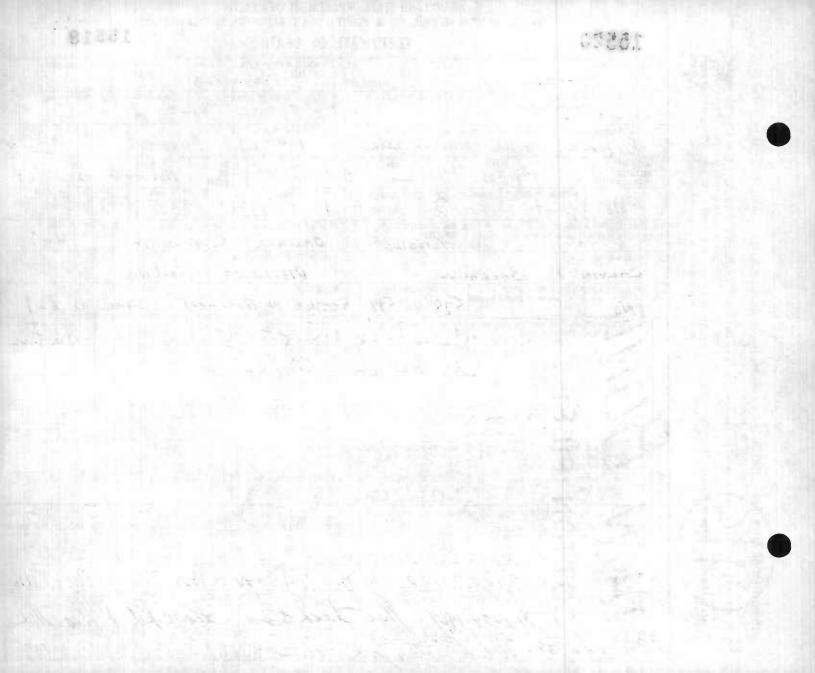
1. PLACE OF DEA	TH				n: Residence befare odmission)
o. COUNTY	Montgomery	MARYLANO	a. STATE Maryla	nd b. COUNT	Montgomery
b. CITY OR TO	WN (If outside carparate limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If autside	carparate limits, write RURA	L and give nearest tawn)
Silver	Land give pearest tawn)	22 years	Silver Spr	ina	15-1
	OSPITAL OR INSTITUTION (If not in h	aspital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
8000	Blair Mill Road		8000 Blair 1	Mill Road	YES NO S
3. NAME OF	First	Middle		DATE Month	Day Year
(Type or print)	Myra	3		OF Novembe	e 26 1967
S. SEX		ARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	IF UNOER 1 YEAR IF UNOER 24 HRS.
Temale	White w	DOWED OIVORCED	July 13, 1897	last birthday) 70 yrs.	Months Doys Haurs Min.
	ATION (Give kind of work done	10b. KIND OF BUSINESS OR	11. 8IRTHPLACE (State ar fa	reign cauntry)	12. CITIZEN OF WHAT COUNTRY?
	Hast Exec Sec	Drans-World A.	in New York		COUNTRY? USA
13. FATHER'S NAM			14. MOTHER'S MATDEN NAME		
Aad	aron Black		?	Collin	4
	D EVER IN U.S. ARMEO FORCES?		INFORMANT 8000 B	lair Milla Rd	
(Yes, na, ar unkna	wn) (If yes give war ar dates af servi	577-03-6970 M.	rs. Frances H.	Jabant-Silve	r Spring. Md.
	OF DEATH (Enter anly one cause per			^	INTERVAL BETWEEN
PART I.	OEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Multeh	le mus	loma	ONSET AND DEATH
20	3 X DUE TO				
	any, which gove) (b)	,			
	ediate cause (a), DUE TO				
last.	(c)_				
PART II. OTH	ER SIGNIFICANT CONDITIONS CONTRI	BUTING TO DEATH BUT NOT RELATED T	O THE TERMINAL DISEASE CONDITIO	N GIVEN IN PART I(a)	19. WAS AUTOPSY PERFORMEO?
ATIO					YES NO
	AL CAUSE WAS	20b. DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Port 1	or Port II af item 18.)	
	or CONTRIBUTING ATH.				
	F INJURY Manth, Day, Year		LACE OF INJURY (Hame, farm,	20f. (City or tawn)	(Caunty) (State)
Hou	n.m. 19	While Nat While at wark	actory, street, affice bldg., etc.)		
21 1 6	ertify that I tank charge of	the remains described above,	held an Autansy 🗍 In	spectian M. Inqui	ry 🔀, and in my apinian
		uses Accident S	, ,	Undetermined ma	, Amb
Godin .	1200		CHIEF MEDICAL EXAM	_	mior
ACTUAL SIGNATURE	/ Xelelen	10/1001	M.D. ASSISTANT MEDICAL		22. DATE SIGNED
EXAMINER'S		100/	DEBUTY MEDICAL EX	AMINER A	0- 101-
NAME (Type	BELDEN K	KEAP M.	1), Edgels Atterail	term or county) / YO	V. 2/2/1761
23a. 8URIAL, CRE		23c. NAME OF CEMETERY C	OR CREMATORY	23d. LOCATION (City or Tow	n) (County) (State)
Burial	Nov. 29.	1967 Rock Cree	k Cemeteru	Washington	D. C.
	Etohomas Ship	11 911 21 ADDRESS OF CIC	Aug. 25d. REC'D BY	REGISTRAR 2Sb. REG	ISTRAR'S SIGNATURE
Warner	E. Pumphrey. Dr	ic. Silver Sprin		1967	harles Judge

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	4-3356 - 3243 - 4343 - 1				204
× 6	Add Containing .	101	- NA - 107 10-30-37		On
27, 1967.	y Ve X	A. P.		A section	
***	AND USE I	190	, - <u></u>		all Sala

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15517 CERTIFICATE OF DEATH and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY a. STATE b. COUNTY MONTGOMERY MARYLAND b. CITY OR TOWN (If autside carparate light) c. LENGTH OF STAY IN 1b autside carparate limits, write RURAL and give nearest tawn) write RURAL and give nearest town SILVER requires that the death certificate be executed within 24 haurs SPRING TAKOMA d. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? SAN. NO D carban. NAME OF Middle 4. DATE First Day Year DECEASED OF DEATH Blumenthal 05 e Kovember 1967 (Type or print) AGE (In years last birthday) yrs. S. SEX 6. COLOR OR RACE IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED remave Manths Days Haurs in any WIDOWED DIVORCED Og. USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during mast of warking life, even if retired please INDUSTRY the attending physician sit permit. Then please 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME removal, ELIZABETH 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, na. os unknawn) (If yes give war ar dates of service) sauce as 20 1B. CAUSE OF DEATH (Enter only one cause per line for (a), INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY: 2 ONSET AND DEATH IMMEDIATE CAUSE (a) signed by physician. DUE TO Canditians, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause as the certificate has been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) WAS AUTOPS! PERFORMED? NO X YES P 20a. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) be retained by the haspital OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) Hour a.m. factory, street, affice bldg., etc.) Nat While FUNERAL DIRECTOR: After 196.7, to_ 21. I certify that (I) (this hospital) attended the deceased from_ 1967, that (I) (we) last shauld 1967, and that death occurred at 726 AM, from causes and on the date stoted obave. saw the deceased alive on hov-22 22a. SIGNATURE DATE SIGNED M.D. DIRECTOR PHYS 22c. PHYSICIAN'S 22d. ADDRESS director, pu NAME (TYPE Si DATE THEREO 23a. BURIAL, CREMATION NAME OF CEMETERY OR CREMATORY 23d SOCATION (City (County) (State) SEMOVAL (Specify REC'D BY REGISTRAR REGISTRAR'S SIGNATURE NOV DATE



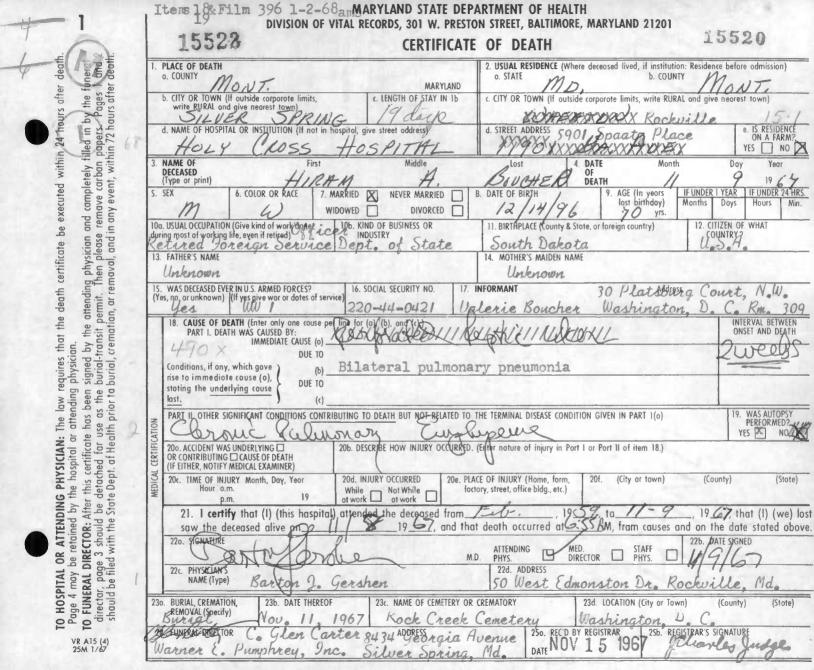
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15518 15520 CERTIFICATE OF DEATH OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b COUNTY Montaumery MARYLAND by Inb. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Takoma 5.184 PorK Spring d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS IS RESIDENCE popers ON A FARM? 169 Willa Nursina lania NO X YES NAME OF Middle First Lost DATE Month Dov Year carbon DECEASED ilton Boll man November 20 19 6 7 event. (Type or print) DEATH IF UNDER 1 YEAR IF LINDER 24 HRS. S. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years 7 MARRIED NEVER MARRIED birthdoy) remove Months Dovs Hours Male White and in any WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT COUNTRY? U. during most of working life, even if retired) physician on please INDUSTRY 5. OAKLAND. CALIFORNIA Builder BUILDING 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME remayol ROBINSON PHILENA 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give wor or dotes of service) 0 5999 ARTHUR W. BOLLMAN SAME 45 buriol, cremotion. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY ONSET AND DEATH buriol-tronsit IMMEDIATE CAUSE (o) signed by DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUF TO stoting the underlying couse **O HOSPITAL OR ATTENDING PHYSICIAN:** The law re Page 4 may be retained by the hospital or attending prior to os the last has PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? NO. certificate 0 20g. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) OR CONTRIBUTING CO CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) FUNERAL DIRECTOR: After this Hour 'o.m. foctory, street, office bldg., etc.) While Not While of work 11-20, 1967, that (1) (we) last 21. I certify that (1) (this hospital) attended the deceased fram. 10-1 . ta 1967, and that death occurred at 65 M, fram causes and on the date stated above. saw the deceased olive on. 1/20 220. SIGNATURE 22b. DATE SIGNED DIRECTOR M.D. PHYS 22d. ADDRESS 6480 N director, pogeshould be file 22c. PHYSICIAN'S H. AVE - TAKOMA PAKE RCHNER NAME (Type) M. 30. BURIAL CREMATION 23c. NAME OF EMETERY OR CREMATORY REMOVAL (Specify) 24 FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 25M 1/67 DATE NO

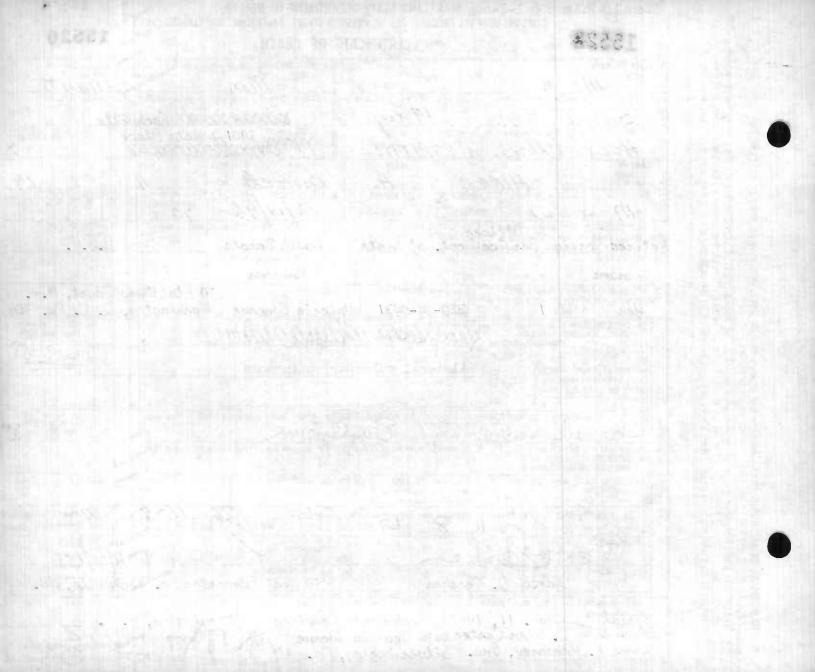


DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15519 15521 CERTIFICATE OF DEATH death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, il institution: Residence before admission) o. COUNTY MARYLAND If outside corporate limits c. LENGTH OF STAY IN 1b OR TOWN (If outside corporate limits, write RURAL and write RURAL and give nearest town requires that the death certificate be executed within 24 hours mon d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? NO 7 3. NAME OF Manth Middle Last DATE Year Day DECEASED OF DEATH 1967 (Type or print) S. SEX IF UNDER 24 HRS. 6. COLOR OR RACE AGE (In years IF UNDER 1 YEAR 7. MARRIED F DATE OF BIRTH NEVER MARRIED birthday) last Months Days WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work dane during most of working life even if retired) 10b. KIND OF BUSINESS OR 12. CITIZEN OF W/JAT SIRTHPLACE (County & State, or largian country) INDUSTRY COUNTRY? 13. FATHER'S NAME SOCIAL SECURITY NO INFORMANI Address? (Yes, no, monknown) (If yes give wor or dotes af service) 18. CAUSE OF DEATH (Enter only one couse per line lar (a), (b), and (c).) INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH Carcinomatosis IMMEDIATE CAUSE (a). signed by DUE TO Conditions, if any, which gove rise to immediate couse (a), DUE TO stoting the underlying couse O FUNERAL DIRECTOR: After this certificate has been the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES W NO 20o. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year 20e, PLACE OF INJURY (Hame, form, (City or tawn) (County) (State) factory, street, affice blda., etc.) Not While at work at work 21. I certify that (1) (this haspital) ottended the deceased fram. 1967.10 _, that (I) (we) last 1967, and that death accurred at 110 M, from causes and an the date stated above. saw the deceased alive on 220. SIGNATUR 22b. DATE SJONED MED. DIRECTOR 22d. ADDRESS 22c. PHYSIQUAN'S NAME (Type) 23o. BURIAL, CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) Burial (Specify) 12-2-67 Ft. Lincoln Cemetery Prince George County . Md. 24. FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR PUMPHREY, Bethesda, Maryland DATE DEC 4

MARYLAND STATE DEPARTMENT OF HEALTH

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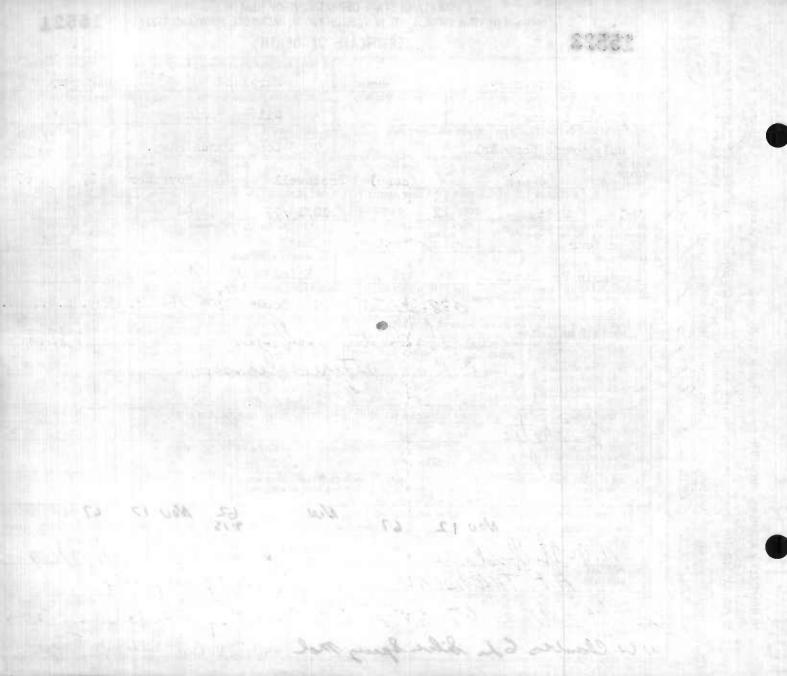
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15521

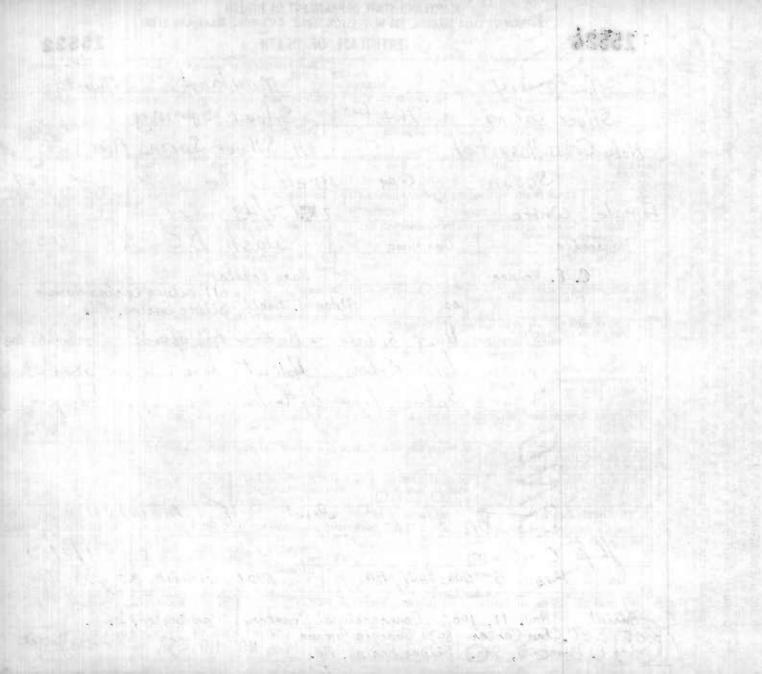
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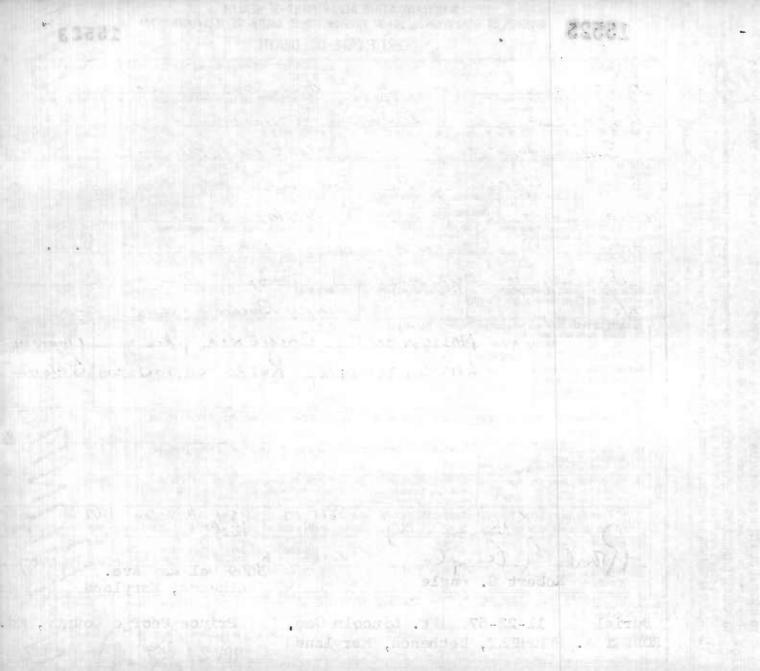
CERTIFICATE OF DEATH

death death	1.	PLACE OF DEATH					2. USUAL RESIDENCE (V	Vhere deceas	ed lived, if institu	tion: Residence b	efare admissio	on)
uneral death		o. COUNTY	Montgomer	v	MΔ	RYLAND	o. STATE Mary	Land	b. COU	Montgo	merv	
afte of a offe		b. CITY OR TOWN (I	autside corparate limits give neorest town)	,	c. LENGTH OF STAY		c. CITY OR TOWN (If au		te fimits, write RU	RAL ond give ne	orest town)	
by the		write RURAL ond	give neorest town) Spring		DOA		Silve	er Spr	ing		15-	1
व व र द			L OR INSTITUTION (If no	t in hospitol,	give street address)		d. STREET ADDRESS	1			e. IS RESID ON A FA	DENCE
ate be executed within 24 hours cian and completely filled in by thease remave carban papers. Pagandin any event, within 72 hours	9	Holy (Cross Hospi	tal			9305 Long	Branc	h Pkwy.			NO X
iff if if	3.	NAME OF	Fin		Middle		Lost	4. DATE	Man	th	Day Yea	or
completely ave carbary event, with		DECEASED (Type or print)	James		(none) B:	rothwell	OF DEATH	Novembe	er 17	7 19	67
mpl mpl	5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARR	ED I	B. DATE OF BIRTH	9	. AGE (In years	IF UNDER 1 YE		
e executed withing and completely fremave carban any event, with	N	Male	White	WIDOWED	DIVORC	ED 🔲	10/13/77	_	. AGE (In years last birthday) 90 yrs.	Months Do	ys Hours	Min.
and rem	10	g. USUAL OCCUPATION	(Give kind of work done	10b. KI	IND OF BUSINESS OR		11. BIRTHPLACE (County 8	& State, or fa	reign country)	12. CITIZEI	OF WHAT	
Ond se b	du	ring most of working l Chauffer	ite, even it retired)	Tra	DUSTRY nsportati	on	England			COUNT	USA	
physician a please pen pen please pen pen pen pen pen pen pen pen pen pe		. FATHER'S NAME			*		14. MOTHER'S MAIDEN N			-		
eath certifi		Benjami	n Brothwell				Eliza BE7	H S	MITH			
= = 5	15	. WAS DECEASED EVE	R IN U.S. ARMED FORCES? (If yes give war or dates o	16.	SOCIAL SECURITY NO.	17. 1	NFORMANT Daugh	ter,	Addr	ess		
the death cer the attending passit permit. The mation, ar rema	10	es, na, ar unknown) No	(If yes give war or dates o	service)	38-22-25	ast M	arion Bower	9305	Long Br	. Pkwy	S.S.	Md.
the affinition,		18. CAUSE OF DE	ATH (Enter only one cou: H WAS CAUSED BY:	se per line far	(a), (6), and (c)	11	1)	A			INTERVAL BET	WEEN
physician. signed by the burial-transit	1	77 7 7	IMMEDIATE CAUSE		elnul	M	wordone	1		- 4	Sho	
equires the physician. signed by burial-trar		Conditions, if any,	DUE		11	2-1		7				
physici physici signed burial-	V	rise to immediate	cause (a),	(p)		ane	Mosker	ous				
ng Ing I		stating the under	lying cause									
te law re tending as been as the priar ta				(c)	TO DEATH BUT NOT B	FLATED TO 3	THE TERMINAL DIFFACE COM	DITION OUT	A) 401 DADT 1/ 1		IG MACALITA	DOCA
The atte	0 0	PART II. OTHER SIG	NIFICANT CONDITIONS CO	DNIKIBUTING	TO DEATH BUT NOT K	ELATED TO 1	THE TERMINAL DISEASE CON	DITION GIVE	N IN PAKI I(d)		19. WAS AUTO PERFORM	
AN: The	7 3	20a. ACCIDENT WAS	easeus	T 001 D.C	SCOURS HOW MINIBY	OCCUPATA	(f-A	2-41 0	111 (1) 10)		YES [NO U
日前 作り ちゃん	CERTIFICATION	OR CONTRIBUTING I	CAUSE OF DEATH	200. 06	SCKIRE HOW INJURY	OCCURRED.	(Enter nature af injury in f	on I ar Par	r II of Item 18.)			
by the haspi fifter this certi be detached State Dept. a	MEDICAL	20c. TIME OF INJU	RY Month, Day, Yeor		NJURY OCCURRED	20e. PLA	CE OF INJURY (Home, farm		(City or town)	(County) (State)
5 = = = = = = = = = = = = = = = = = = =	W	p.m	10	While at wor		1001	ary, street, affice bldg., etc.)					
After After be of State)	21. 1 certif	y that (I) (this hosp	oital) atten	ded the decease	fram	Nov.	962,8	Nov. 1	2, 1967	that (I) (we) lost
ATTEN stained CTOR: 1 shauld iith the			ceased alive an	NOU. 1	2 1967,	and that	death accurred at	9:15'N	, from causes	and an the	dote stoted	obove
R ATTENI retained ECTOR: A 3 shauld with the		22a. SIGNATURE	1 11 11	1			ATTENDING	MED.	STAFF	22b. DAJE	IGNED	
OR DIR		110	- Mya	dein	w	J.M.	ATTENDING PHYS.	DIRECTOR	LI PHYS. L	1///	7/6	7
TO HOSPITAL OR ATTEN Page 4 may be retained TO FUNERAL DIRECTOR: director, page 3 should should be filed with the	1	22c. PHYSICIAN'S NAME (Type)	A.F. TH	IBAJ	DEAU		1220. ADUKESS	NA	sing!	mf		
HOS Be 4 FUNI	23	a. BURIAL CREMATIO	N, 23b. DATE THE	. / **	23c. NAME OF CE	METERY OR	CREMATORY	230. 10	CATION (City or To	own) (Co		tote)
5 5 5 5 X	C	REMOVAL (Specify)	All and a second	1-61	17.17	ence	to come	Acz.	Stad	Constance	100	red
VR A15 (4) 25M 1/67		4. FUNERAL DIRECTOR		1 8	ilve Su		- 0	BY REGISTR		EGISTRAR'S SIGN	0	
25M 1/0/	1	U Co		me or	may age	ung "	mel DANE OV	40	967	and the	Jugge.	9



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15524 CERTIFICATE OF DEATH 15522 OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death funeral 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest own) write RURAL and give nearest tawn) papers: d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS within YES NO NAME OF Middle pan Last DATE Day Year DECEASED OF 1967 (au cort (Type or print) DEATH 5 SEX IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH AGE (In years last birthday) Months Days Hours and in any WIDOWED DIVORCED 24 yrs. and 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or fareign country) during most of working life, eyen if retired) INDUSTRY COUNTRY? a.5 Housewite Own Home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or remaval, Mary Bradley 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Silverdrespring Avenue 16. SOCIAL SECURITY NO. permit. (Yes, na, or unknown) (If yes give war ar dates of service) Alden W. Buell crematian, 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (a) py DUE TO signed DUTIO! Conditions, if any, which gave rise to immediate cause (o), DUE TO stating the underlying cause as the the haspital ar attending PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) has PERFORMED? YES NO this certificate OL 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING TI CAUSE OF DEATH af detached (IF EITHER, NOTIFY MEDICAL EXAMINER State Dept. 20c. TIME OF INJURY Month, Day, Yeor 20e. PLACE OF INJURY (Hame, farm, (City or town) 20d. INJURY OCCURRED (County) (State) Haur a.m. factory, street, affice bldg., etc.) Nat While ot wark at work Page 4 may be retained by 21. I certify that (1) (this hospital) attended the deceased fram Hubble 1965 . ta Novem 2217, 19 67, that (1) (we) last 19 67, and that death accurred at 320 saw the deceased alive an_ Nev -PM, fram causes and an the date stated above. DIRECTOR: 7 220. SIGNATUR 22b. DATE SIGNED ATTENDING M.D. PHYS. DIRECTOR PHYS. r, page 3 be filed 22d. ADDRESS 10101 22c. PHYSICIAN'S FUNERAL NAME (Type) 23b. DATE THEREOF 23o. BURIAL, CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Tawn) (County) Nov. Congressional Cemetery Washington, D. 0 8434 Apris Avenue 2Sa. REC'D BY REGISTRAR Glen Carter VR A15 (4) 25M 1/67 Inc. Silver Spring. Md.





TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Bagey 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

	MARYLAND STATE DEPARTMENT OF	HEALTH
DIVISION OF STATISTICAL	RESEARCH AND RECORDS, 301 W. PRESTON CERTIFICATE OF DEATH	STREET, BALTIMORE 1, MARYLAND
15525	CERTIFICATE OF DEATH	15524

2000	OLKINIONIL OF DEAT		10024
1. PLACE DF DEATH a. COUNTY	2. USUAL RESIDER	NCE (Where deceased lived, If Institution: R	Residence before admission)
Montgomery	MARYLAND a. STATE Man	yland Mo	ontgomery
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b c. CITY DR TDWN (If outside corporate limits, write RURAL	and give nearest town)
Silver Spring		r Spring	15-1
d. NAME OF HOSPITAL OR INSTITUTION (if not in hos			0. IS RESIDENCE ON A FARM?
1574 East West Highway		East West Highway	YES NO K
3. NAME DF First DECEASED (Type or print) Mary	Bertha Burke	4. DATE Month OF DEATH November	Day Year 9 1967
5. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED 8. DATE OF BIRTH	9. AGE (In years I IF UNDER	
Temale Cauc WIDOWED	DIVORCED Nov. 14, 18	96 last birthday) Months	Days Hours Min.
1Da. USUAL OCCUPATION (Give kind of work done 10b. KIN during most of working life, even if retired) IND		County & State, or foreign country) 12. C	ITIZEN OF WHAT
	tel Newfoun	dland U	S. A.
13. FATHER'S NAME	14. MOTHER'S MA	IDEN NAME	
Martin Burke	Nora Mu	rohu	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SC	OCIAL SECURITY ND. 17. INFORMANT	Address	st West Highw
(Yes, no, or unkown) (If yes give war or dates of service)	-09-6101 A Mrs. Francis	E. Mc Ardle Silver &	
18. CAUSE DF DEATH [Enter only one cause per line	e for (a), (b), and (c).		INTERVAL BETWEEN DNSET AND DEATH
PART I. DEATH WAS CAUSED BY:	Cerebral Hem	bongs_	one day
332X			- 1
Conditions, If any, which	Essential Hyper	tension	Som
gave rise to immediate	01		
underlying course lock			
(0)	ING TO DEATH BUT NOT RELATED TO THE TERMINAL	DISFASE CONDITION GIVEN IN PART 1(a)	119. WAS AUTOPSY
THE	THE TOTAL POPULATION OF THE PERSON OF THE PE	. DIOZNOE GONDINON ANT AND AND	PERFORMED? YES NO
PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS 203. ACCIDENT WAS UNDERLYING 20b. DE: DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRED. (Enter nature	of Injury In Part I or Part II of Item 18	.)
g 20c. TIME OF INJURY Month, Day, Year 20d. INJ	URY OCCURRED 20e. PLACE OF INJURY (Home,		unty) (State)
ZOC. TIME OF INJURY Month, Day, Year 20d. INJ Hour a.m. While at work	Not While factory, street, office bldg.	etc.)	
	at work	1048 10 11/8 10/	7 that (1) (um) lock
21. I certify that (I) (this hospital) attended		M, from the causes and on t	that (I) (we) last
saw the deceased alive Dn 22a. SIGNATURE			ALE SIGNED
Millian T- Xa	M.D. ATTENDING H	MED. DIRECTOR PHYS.	11/67
22c. PHYSICIAN'S NAME (Type) ////////////////////////////////////	ACCARDI 1150	CONN. AND WIN	WASH. D.C.
23a. BURIAL, CREMATION, 23b. DATE THEREDF REMOVAL (Soecify)	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town or co	unty) (State)
Rurial Nov. 14, 1967	Mt. Calvary Cemetery	Roslindale, Mass.	
24. FINERAL DIRECTOR JB Thomas		V 1 5 1967 256 REGISTRAR	'S SIGNATURE
warner (. Pumphrey, Inc.)	Wek Sphing, I'ld, DAYES	. 10	V -

3 . . .

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	the second of	your water	Соме	
.N. 3V. E. E.			description -	CKeen Land
ten 1 - 171				
		3 - 6 76 5		
				Angeld Second

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TO HOSPITAL OR ATTENDING PHYSICIAN: The faw requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the haspital ar attending physician.

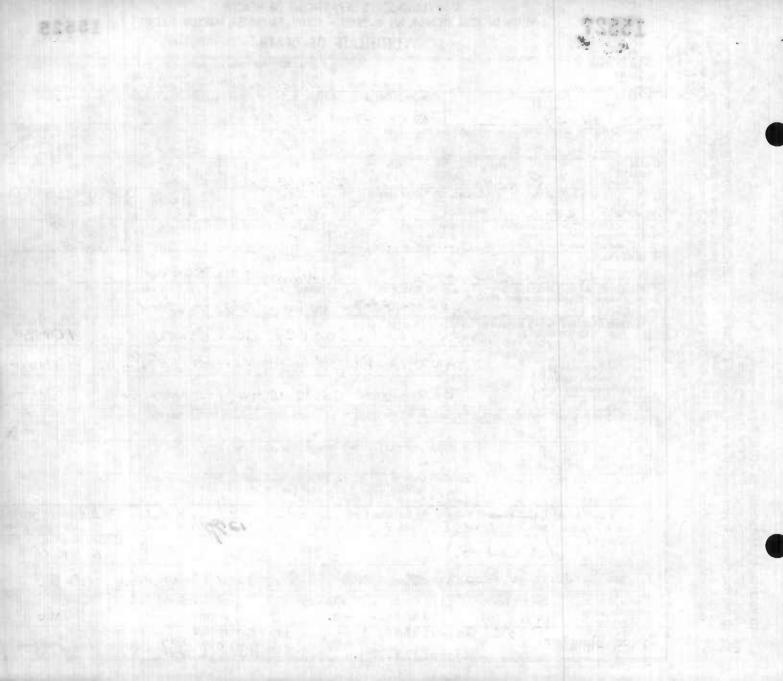
VR A15 (4) 25M 1/67

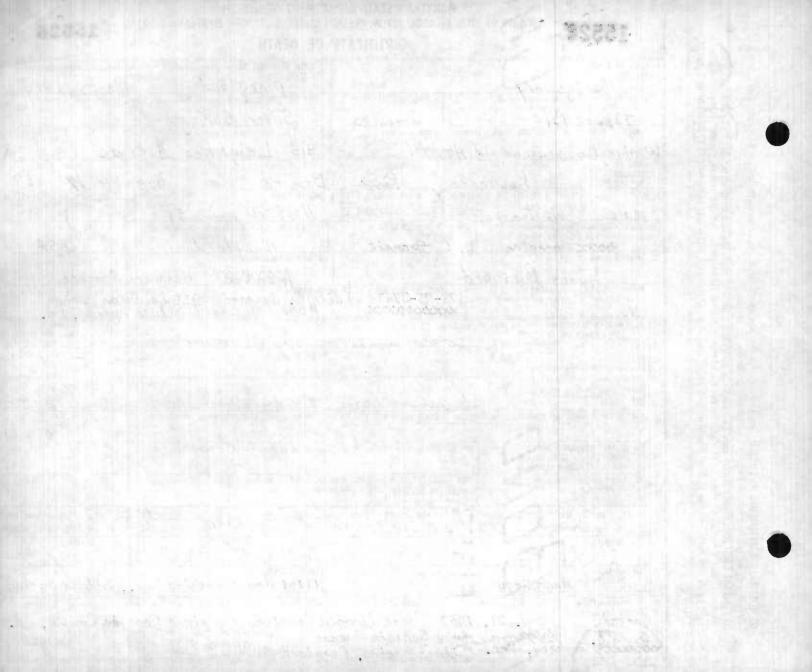
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15525

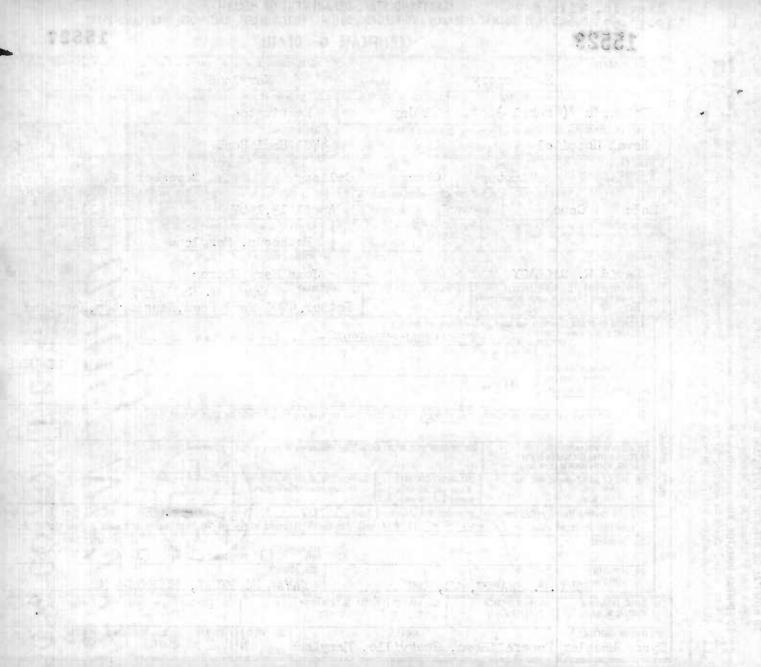
CERTIFICATE OF DEATH

1		PLACE OF DEATH D. COUNTY			1134		2. USUAL RESIDENCE g. STATE	(Where dec			nce befare	admissio	n)	
		MONTGO	MERI		MARY	YLAND	MARYLAND MONTGOMERY							
		CITY OR TOWN (f autside corparate limit	S,	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town)							
			give nearest town)		200	~						100	,	
	-	I DE THE	AL OR INSTITUTION (If n	at in bosnital	2410NTHS+	-ZOAYS	d. STREET ADDRESS				1 0	. IS RESID	TENCE	
1				or in nospiral, (give street dudress)				2			ON A FA	ARM?	
0		- Carlotte	BURBAN				Hwy #1	121	130x 19	7	У	ES	NO 🔀	
		NAME OF DECEASED	Fi	rst	Middle		Last	4. DAT	E M	onth	Day	Yeo	Jr .	
H		Type or print)	Burgo	HYL	5,	15	URNETTE	OF DEA	TH NOV	18		19 4	67	
	S.	SEX	6. COLOR OR RACE	7/MARRIED	NEVER MARRIED	B 🔲 0	. DATE OF BIRTH		9. AGE (In years		1 YEAR			
	12	PALE	WHITE	WIDOWED	DIVORCE		10/5/05	-	last birthday)		Days	Haurs	Min.	
	-	·	(Give kind of work done	10b. Ki	ND OF BUSINESS OR		11. BIRTHPLACE (Coun			12. CI	TIZEN OF	WHAT	1	
	duri	ng most of working		IN	DUSTRY						UNTRY?	0		
	12	FATHER'S NAME	INNY	CH	ILTON CO		14. MOTHER'S MAIDE			1 4	1.5.1	7.		
	13.	TATHER 3 NAME)			,		511					
		WOHK					NANCY	0	SHIRLEY . Ad				4100	
	15.	WAS DECEASED EVE	R IN U.S. ARMED FORCES? (If yes give wor ar dates)		SOCIAL SECURITY NO.		NFORMANT /.		. Ad	dress				
	(,,	No	(iv you give wer ar acres	0	67-10-89	53 E	IEL YN BU	IRNE	TT - WIFE	and the second s				
		18. CAUSE OF DE	ATH (Enter only one car	se per line for	(a) (b) and (c))						INTE	RVAL BET	WEEN	
		PART I. DEAT	TH WAS CAUSED BY: IMMEDIATE CAUSE				ONARY (1	50 May	AM.	
		1621	DUE	10	1- /	0	of. Confl.		101	16-				
		Canditions, if any,		(b)	KN0414-1	POST	of. Compli	CATI	ONS-RES	ECTION	1	3 M	ONT	
		rise ta immediat		TO										
		stoting the under	lying couse	(c)	BRONCHI	AL C	ARCINOF	A (P	OSTOPERA	TIVE)		640	2 +	
			GNIFICANT CONDITIONS ((-)							110	WAS AUTO	YZQC	
2	NO	PART II, OTHER SI	ONIFICANT CONDITIONS	ONITIODINIO	TO DEATH BUT NOT KEE	LATED TO T	HE TERMINAL DISCASE C	ONDITION	DIVER IN PART I(U)			PERFORMED?		
0	S					5C					YE		NO >	
	CERTIFICATION	20a. ACCIDENT WAS	UNDERLYING CAUSE OF DEATH	20b. DE	SCRIBE HOW INJURY O	CCURRED. (Enter nature of injury i	n Part I or	Part II of item 18.)					
			MEDICAL EXAMINER)											
	MEDICAL	20c. TIME OF INJU	JRY Month, Day, Yeor		VJURY OCCURRED		E OF INJURY (Hame, fo		f. (City ar town)	(Co	unty)	((State)	
	ME	Haur a.r	10	While		facto	ary, street, office bldg., e	IC.)						
		21 certif	y that (I) (this has			from	AUG.	1967	to NOV. 1	8 19	67 th	nt (1) (s	wet lo	
		saw the de	ceased alive on_	NOV 1	8 1967	and that	death occurred	1219	M. fram cause	s and on t	he date	stated	abay	
		22a. SIGNATURE	1	^	A			/ /	, , , , , , , , , , , , , , , , , , , ,		ATE SIGNE			
			1 Hl Des	In	14	M.D	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.		11-1		7	
		22c. PHYSICIAN'S	1 11	0	10		22d ADDRESS							
1		NAME (Type)	JOSEPHW.	VEABOL	y JR.	MD.	12	34 1	902 St. 1	V.W.	2	C.		
	00	CUDIAL COCKATIO	T and DATE THE	70707	<u> </u>							15		
	230	. BURIAL, CREMATIC REMOVAL (Specify)		23c. NAME OF CEM				LOCATION (City or	iawn)	(County)		itate)	
		Remova	1 11/10/		Glendale				ron			hio		
	34	yson who	Reler 133	I Roc	kvi]ADDRESS	Pike		C'D BY REGI		REGISTRAR'S			ce_	
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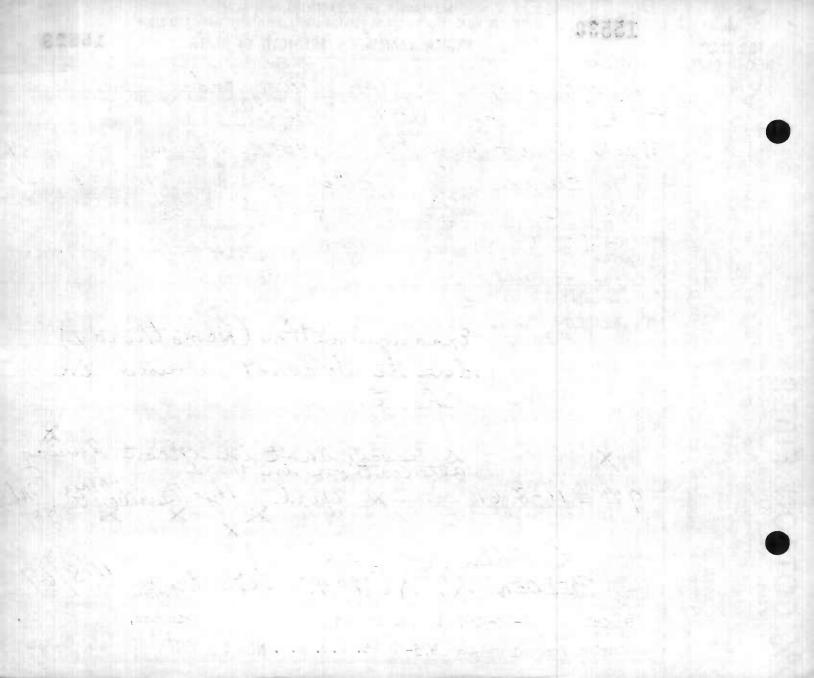




MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15530 Items #1 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 15528 FOR STATE HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND pages I and 2 with the State Department TY OR TOWN (If misside carporate limited in the RVIAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (Mautside corparate limits, write RURAL and give nearest tawn) Roma e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS farm NO X in Item 18. Give Pages be executed within 24 haurs after death. e certificate, writing the ward "pending" in pencil in Item 18. Give Pag should be farwarded to the Chief Medical Examiner's Office alang with Middle NAME OF DATE Last Year DECEASED OF DEATH (Type or print) S. SEX AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Months Haurs WIDOWED DIVORCED event within 72 haurs after death 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR BIRTHPLACE (State or foreign country) during most of working life (even if retired) INDUSTRY COUNTRY? anilor Washington, Georgia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Hattie Mays burial-transit permit. File Frank Calloway WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, na, or unknown) (If yes give war ar dates of service) nation (Hemothor 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) This certificate shauld DUF TO Conditions, if any, which gave rise to immediate cause (a), DUE TO 0 stating the underlying cause and Q S PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY remayal, 20a. EXTERNAL CAUSE WAS PRIMARY CONTRIBUTING ☐ CAUSE OF DEATH. 3 shauld 10 20c. TIME OF INILIRY Month, Day, Year may be retained far yaur FUNERAL DIRECTOR: Page 196 Page 21. I certify that I taak charge of the remains described above, and Natural causes Hamicide X death resulted fram: Undetermined monner Accident funeral directar **ACTUAL** DATE SIGNED prior SIGNATURE Health 23a. BURIAL, CREMATION DATE THEREOF 23d. LOCATION (City or Town) (State) (County) 50 REMOVAL (Specify) 11-12-1967 Washington, Ga. Washington **ADDRESS** 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15ME (5) Washington Funeral Chapel PATNOV 475- H St. N.W. D.C 6M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15531 15529 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY o. STATE b. COUNTY delay is and 3 to Page burial-transit permit. File pages 1 and 2 with the State Department of Montgomery MARYLAND Virginia Fairfax b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 PANS. P Bethesda 12 days Spring Field d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Jorm d STREET ADDRESS e. IS RESIDENCE ON A FARM? Suburban Hospital 5224 Kepler Lane YES NO in Item 18. Give Pages This certificate shauld be executed within 24 haurs after death. 3. NAME OF e, writing the ward "pending" in pencil in Item 18. Give Pag farwarded ta the Chief Medical Examiner's Office alang with, 4 DATE Month First Lost Doy Year DECEASED 67 (Type or print) MONA VIVIAN CAPPARELL November 2
(In years | IFUNDER | YEAR DEATH AGE (In years IF UNDER 24 HRS S. SEX 6. COLOR OR RACE B. DATE OF BIRTH 7. MARRIED NEVER MARRIED Jast birthdoy) Months Dovs Hours female white WIDOWED DIVORCED 72 haurs after death 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life even if retired)
Supervisor, Passport Div. State Dept. COUNTRY? Missouri USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME E.J. Armstrong Mary Worden Addre Add. same as 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give wor or dotes of service) within Thomas Capparell-husband above ves 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH event MMEDIATE CAUSE (a) Fat embolism, pulmonary and cerebral days DUE TO Multiple fractures and lacerations 12 days any Conditions, if ony, which gove rise to immediate couse (a), DUE TO 0 stoting the underlying couse gud 12 days Automobile Accident PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPS remaval, PERFORMED? NO 4 shauld be 20o. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING □ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II of item 1B.) 3 shauld 10 MEDICAL EXAMINER: Car ran off highway hitting utility pole

20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, | 20f. (City or town) CAUSE OF DEATH crematian, (County) (State) 2Dc. TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) highway While at work at work 19 67 p.m.10/22 Bethesda Montgomery Md. 5 may be retained far y TO FUNERAL DIRECTOR: P. Health priar to burial, cr 21. I certify that I took charge of the remains described above, held an Autopsy Inspection 🗖 Inquiry and in my opinian Natural causes . Accident . Suicide . Homicide death resulted fram: Undetermined manner CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE funeral DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) Address (Street, city, town, or county) 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) REMOVAL (Specify)
Burial Stewartsville, Mo. Stewartsville Cemetery 4 Nov 1967 Affington, Va. (Karlesse 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15ME (5) Ives Funeral Home, Inc. Marley Judge 1961 DATENOV 6 6M 1/67

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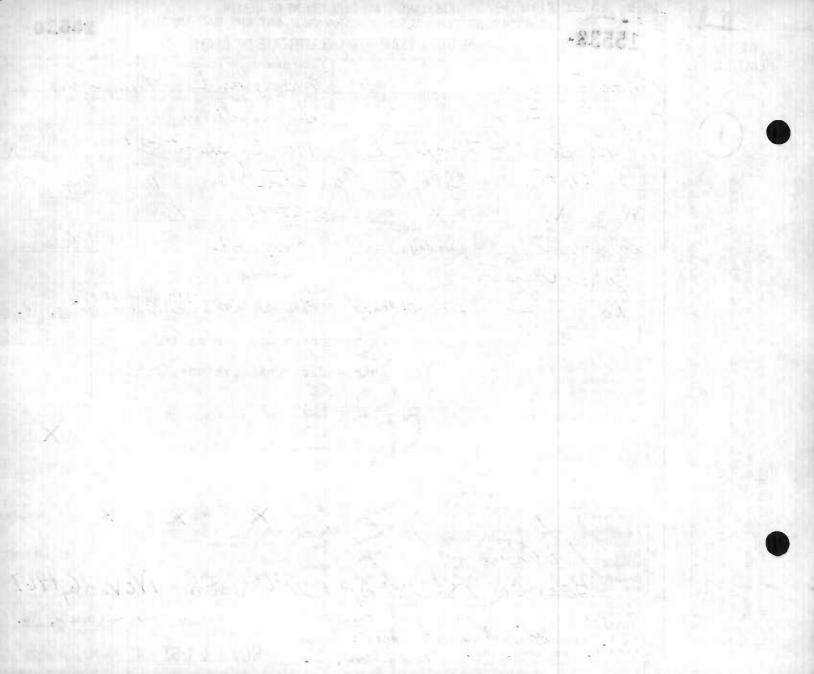
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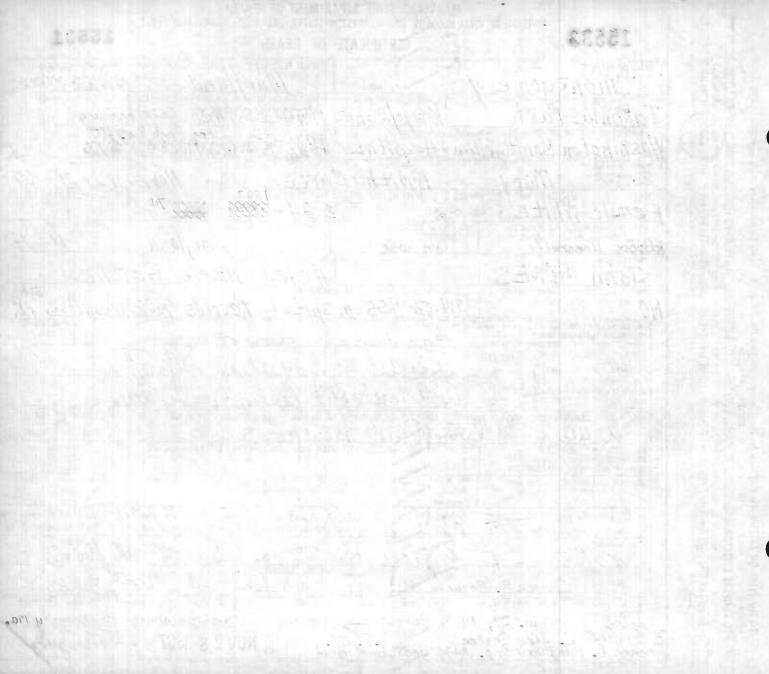
Berill 4 1967 Stellersville Con ster 1967 We.

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tems MARYLAND STATE DEPARTMENT OF HEALTH 2-6-68 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15530 5533 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEP PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) delay it. nd 3 ta Page MARYLAND c. LENGTH OF STAY IN 1b b. CITY OR TOWN of autside corporate limits, c. CITY OR TOWN (If autside carparate limits, write RURAL and give flearest town) Depar e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS ON A FARM NO X Give Pages, YES be executed within 24 haurs after death. permit. File pages 1 and 2 with the Sta the certificate, writing the ward "pending" in pencil in Item 18. Give Pag should be farwarded to the Chief Medical Examiner's Office along with NAME OF Day Year DECEASED OF DEATH (Type or print) 1960 S. SEX 6. COLOR OR RACE DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED ast birthday) Months Days Haurs after death. WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of Forking life, even if retired) **INDUSTRY** Salesman mer. aundry lang 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME within 72 haurs Unknown 17. INFORMANT WAS DICEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, na, of unknown) (If yes give war ar dates af service) INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) burial-transit event ONSET AND DEATH PART I. DEATH WAS CAUSED BY Acute bronchopneumonia associated IMMEDIATE CAUSE (a) This certificate shauld DUE TO any Canditions, if any, which gave with acute and chronic pyelonephritis rise to immediate cause (a), 2 DUE TO 0 stating the underlying cause puo last. be used WAS AUTOPSY PERFORMED? remayal, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO 20a. EXTERNAL CAUSE WAS 3 should ! 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 0 PRIMARY CONTRIBUTING MEDICAL EXAMINER: CAUSE OF DEATH. crematian, 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, (County) (City or town) (State) Hour a.m. factory, street, affice bldg., etc.) FUNERAL DIRECTOR: Page Not While at work 21. I certify that Look charge of the remains described above, held an Autapsy and in my apinian Inspection Akident funeral director. death resulted from Natural causes X Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE Health prior may be EXAMINER'S NAME (Type) BURIAL, CREMATION DATE THEREOF 23€. 23d. LOCATION (City or Town) 0 REMOVAL (Specify) ort Lincoln Prince Georges County 2Sa. REC'D BY REGISTRAR VR A15ME Pumphrey. 6M 1/67





MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15534 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 15532 DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) deloy 12 NTOOMER c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) (If not sopital, give street oddress) d STREET ADDRESS e. IS RESIDENCI hours ON A FARM? RVIEW YES hours ofter deoth. Item 18. Give Poge NAME OF Doy Year 72 OF DEATH DECEASED the 1961 within (Type or print) AGE (In years S. SEX NEVER MARRIED 7 MARRIED birthdoy) Months Dovs Hours WIDOWED DIVORCED event USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country 12 CITIZEN OF WHAT Maryland during most of working life, even it retired). Chairman of Bear any e d "pending" in pencil in Chief Medicol Exominer's poges in any 13. FATHER'S NAMP OUTTIETH 94. MOTHER'S MAIDEN NAME be executed within Casbarian Carrie Wilfong Boghus and 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dotes of service) or removal, Harvey T. Casbarian Sherwood Forest. Mc INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per into for (o), (b) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) This certificate should writing the word burial, cremation, DUE TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse SD WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION NO 2 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Part 11 of item 18.) ogent, prior PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Yeor foctory, street, office bldg., etc.) Not While FUNERAL DIRECTOR: Poge pleose execute designoted 21. I certify that I taok charge of the remains described above, held an Autapsy Inspection and in my opinion Natural causes deoth resulted from Accident Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE_ **EXAMINER'S** Health NAME (Type) 23c. NAME OF CEMETERY OF CREMATORY LOCATION (City or Town) BURIAL, CREMATION, DATE THEREOF 0 REMOVAL (Specify) Lincoln Cemetery County . Md. Prince Georges 24 FUNERAL DIRECTOR he 2Sb. REGISTRAR'S SIGNATURE REC'D BY REGISTRAR Company Hines VR ATSME Washington, D.C. N.W.

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MARYLAND STATE DEPARTMENT OF HEALTH

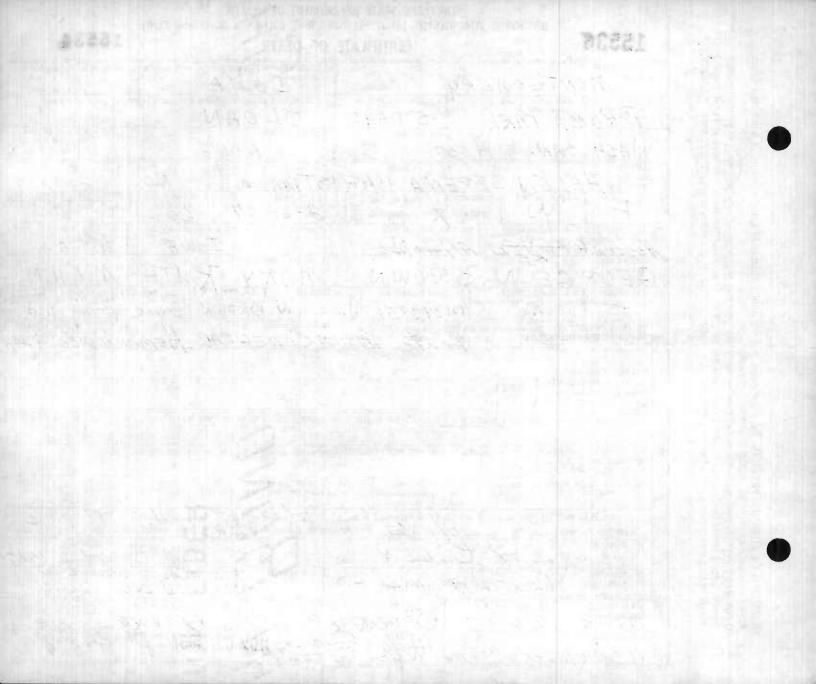
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

5538

CEPTIFICATE OF DEATH

	CERTIFICATE	OF DEATH
	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)
	O. COUNTY MONTGOMERY MARYLAND	O. STATE I OWA 6. COUNTY
	b. CITY OR TOWN (If outside corporate limits,	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	With RURAL and give neoreskits ARK 5 DA45	JLOAN 53-3
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
	WASH, SAN, E HOSP.	NONE YES NO NO
	NAME OF First Middle DECEASED Y/ F/ FA S F S F A S A MIDDLE	' Lost' 4. DATE Month Doy Year
	(Type or print) HELEN, SERENA CHY	15/14/150/W DEATH NOV, 2 1967
S.	6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 2-6-07 9. AGE (In yeors lost birthdoy) 6. Oyrs. Months Doys Hours Min.
	USUAL OCCUPATION (Give kind of work done openios to f working life, even if retired).	11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	GEORGE W. BROWN	MARY RUTH MANN
IS. (Ye	s no or unknown) (If we give war or dotes of service) . / o	NFORMANT (BROTNER) 122 Addres BIAIR MILL ROAD. SEPH W. BROWN SIVER Spring Ind.
F	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)	INTERVAL BETWEEN
	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) ACCUTE IN TR	CA CEREBRAL GEMMOARKACE TOAK
	33/ DUE TO	
	Conditions, if ony, which gove rise to immediate couse (o), (b)	
	stoting the underlying couse DUE 10	
	lost. (c)	
ATION	PART II. OTHER SIGNIFICANT CONDITIONS <u>CONTRIBUTING TO DEATH</u> BUT NOT RELATED TO T	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES - NO
L CERTIFICATION	20o. ACCIDENT WAS UNDERLYING ☐ 20b. DESCRIBE HOW INJURY OCCURRED. OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	(Enter noture of injury in Port I or Port II of item 18.)
MEDICAL		CE OF INJURY (Home, form, ory, street, office bldg., etc.) 20f. (City or town) (County) (Stote)
	21. I certify that (I) (this haspital) attended the deceased fram	10/29, 1967, to 1//2, 1967, that (I) (we) last
		death accurred at 7384.M, from couses and an the date stated above.
	220. SIGNATURE for the the ticlement M.C.	11113
	20c. PHYSICIAN'S NAME (Type) ROOSERT L. KRICHMAR MD	22d. ADDRESS 7733 ALASKA AVENUE NW WASHINGTON D. C. 20012
230	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR	CREMATORY 23d. LOCATION (City or Town) (County) (Stote)
	REMOVAL (Specify) 11/6/67 Onawa	· City Cem. Onawa, Iowa.
24	FUNERAL DIRECTOR	250 PK'D BY REGISTRAD 67 25b. ARGISTRAR'S AGNATURE
IN	Whambers Colne Washing	102

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and camplefely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. at Health priar to burial, cremation, or removal, and in any event, within 72 haufs after death. **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the haspital or attending physician. VR A15 (4) 25M 1/67



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Table Table		70.4	Laston I. Disease

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15533 15537 CERTIFICATE OF DEATH death The law requires that the death certificate be executed within 24 haurs after death Funeral 1 and PLACE OF OFATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY MARYLANO b. CITY OR TOWN (If auxide corporate limits, C LENGTH OF STAY IN 16 corporate limits, write RURAL and give nearest town e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS NO YES NAME OF Middle 4. DATE First Month Year DECEASED (Type or print) DEATH 12 19/ S. SEX 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIEO X NEVER MARRIED alast birthday) Hours In ony WIDOWED DIVORCED 100. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? and FNNA FARMER 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or remayal, WESTAFER 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, na, ar unknown) (If yes give war ar dates af service A. CLEVER SISTIER SAME crematian, 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN signed by the burial-transit p PART I. OEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave earn rise to immediate cause (a), DUE TO stoting the underlying cause 19. WAS AUTOPSY this certificate has PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? YES X NO: OR ATTENDING PHYSICIAN: D 2Do. ACIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURREO. (Enter noture of injury in Part I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF OEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 2Dc. TIME OF INJURY Month, Day, Yeor 20d. INJURY OCCURREO 2De. PLACE OF INJURY (Home, farm, (City or town) (County) (State) Not While factory, street, office bldg., etc.) at wark at wark DIRECTOR: After O HOSPITAL OR ATTENDIN Page 4 may be retained by e deceased fram 1110, 1965, to 1112, 1967, that (1) (we) last 1967, and that death accurred at 350 M, fram causes and an the date stated abave. 21. I certify that (I) (this haspital) attended the deceased fram. saw the deceased alive an_ 22a. SIGNATU DATE SIGNED M.D. OIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) KK HARS FUS NOTON 1040 CONNECTICUT AN directar, shauld be 23a. BURIAL, CREMATION 23b. OATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) REMOVAL (Specify) Lee's Crematorium 11/14/67 Washington, 0 remation VR A15 (4) 25M 1/67

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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CERTIFICATE OF DEATH

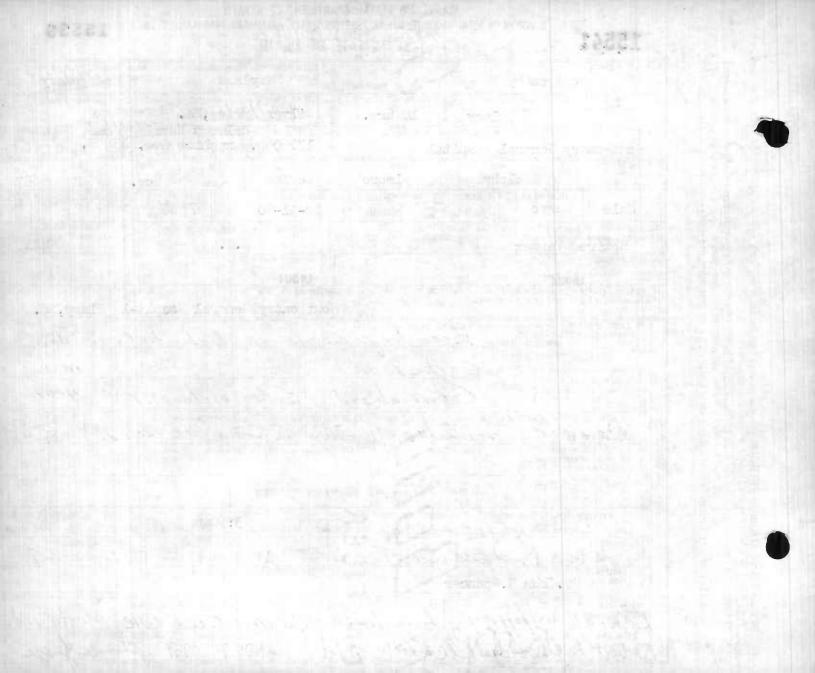
1. PLACE OF DEAT	TH				2. USUAL RESIDENCE	Where deceas	ed lived, if institu	tion: Residen	ice before	odmissio	in)
o. COUNTY			ga a Pout A	ND.	o. STATE		b. COU				1
h CITY OF TOW	Montgomery /N (If outside corporate limit) c	c. LENGTH OF STAY IN		c. CITY OR TOWN (If o	inia	ata limite verita PI	IPAL and aiv	o nooroet	town	
	and give nearest town)	15,	200	10	,		ire illilis, wille Ku	IKAL ONG GIV	e Heorest	(OWII)	-
L NAME OF HO	COUTAL OR INCTITUTION (II		13 Days		Springfi	eld				IC DECIE	TNICT
d. NAME OF HU	SPITAL OR INSTITUTION (If n	ot in hospitol, g	give street oddress)		d. STREET ADDRESS				9	ON A F	
U.S. Nav	val Hospital	Bethe	sda, Maryla	nd	7200 Dorm	ont St			Y	res 🗌	NO T
3. NAME OF DECEASED (Type or print)	Lindsey	irst. H•	Middle		Last	4. DATE OF DEATH	Novemb		Doy	Yec 19	67
S. SEX	6. COLOR OR RACE	7. MARRIED			B. DATE OF BIRTH		. AGE (In years	IF UNDER	YEAR	IF UNDER	
Male	Cauc	WIDOWED	DIVORCED	AL	18 SEP 1958		lost birthdoy) 9 yrs.	Months	Doys	Hours	Min.
	TION (Give kind of work done		ND OF BUSINESS OR		11. BIRTHPLACE (County	& Stote, or fo	reign country)	12. CI	TIZEN OF	WHAT	
auring most of work	king life, even if retired)	IN	DUSTRY		Honolulu.	Hawai	•		S.A.		
13. FATHER'S NAM	E				14. MOTHER'S MAIDEN				- ALL		
Conse	D COR				Tri mani mi m	TIA TOTO T	C				
	B. COE EVER IN U.S. ARMED FORCES?	116	SOCIAL SECURITY NO.	17. 1	Virginia NFORMANI	HARRI	Addi	ess			7 1
(Yes, no, or unknow	vn) (If yes give wor or dotes							5		gfie	Tq
NO			NA.	Ge	orge B. COE	720	O Dormoi	at St.		A	
	F DEATH (Enter only one co DEATH WAS CAUSED BY:	use per line for	(o), (b), ond (c).)						ONS	RVAL BET	WEEN
2 0//	IMMEDIATE CAUSE	(o) <u>LEU</u>	KEMIA						TWO	YEAF	RS
204	DUE	TO									
	ony, which gove	(b)									
	diote couse (o), DUE	TO									
last.)	(c)									
PART II. OTHE	R SIGNIFICANT CONDITIONS	CONTRIBUTING T	O DEATH BUT NOT RELAT	ED 10	THE TERMINAL DISEASE CO	NDITION GIVE	N IN PART 1(o)			WAS AUTO PERFORM S X	PSY ED? NO
S ACCIDENT	WAS UNDERLYING TO	1 001 00	CONTRACTOR OF THE PROPERTY OF	010011	/f-+ f ! !-	D. A. L D.	4 H - f 24 - 3D 3	_	1 11	2 [V]	NO _
OR CONTRIBUT	WAS UNDERLYING TING CAUSE OF DEATH TIFY MEDICAL EXAMINER)	20b. DE	ZCKIRE HOM INJUKT OCC	UKKEU.	(Enter noture of injury in	PORT FOR POR	T II of item 18.)				
₹ 20c. TIME OF	INJURY Month, Doy, Yeor	20d. IN	IJURY OCCURRED 2		CE OF INJURY (Home, far		(City or town)	(Co	unty)	(Stote)
Hour	o.m.	While of world		foct	ory, street, office bldg., etc	.)					
21 1 4	ertify that (1) (this has			am	IONOV	1067 +	a 25 NOV	106	7 th	at (1) (1	ual lac
saw the	e deceased alive an_	25 NOV	19 <u>67</u> , an	am id that	death accurred a	8:45AW	I, fram causes	and an t	he date	stated	
22o. SIGNATU	JRE 0/10				ATTENDING	MED.	STAFF	_	ATE SIGNE		
	M	want		J.M.). PHYS.	DIRECTOR	PHYS.	25 N	IOV]	967	
22c. PHYSICIA NAME (T		WARTZ,	MC, USN		NAVAL HC	SPITAI	BETHE	SDA, M	D.		
23o. BURIAL, CREM			23c. NAME OF CEMETI	RY OR	CREMATORY	23d, 10	CATION (City or To	own)	(County)	(5	tote)
REMOVAL			The state of carriers	• • • •			ENS, TEN		(/)	(3	
24. FUNERAL DIRE		0/	ADDRESS		250 PFC	D BY REGISTR		EGISTRAR'S S	IGNATUR	F	
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Dalanach T	Trillhalm .	1.308	Suit+land Da	7.7	TACE DATES	37 3 1	1.715/1 21	- CONTRACT	Ba Va	20 10 10 10	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by he funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remaye carban papers: Pages 1 and 2 shauld be filed with the State Dept. at Health priar to burial, crematian, ar remayal, and in any event, within 72 hays after death. **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital ar attending physician.

VR A15 (4) 25M 1/67

35832 #U.Parity TO SEE STATE OF STATE Centre B. C.E. (200 Bornard Sb., Lyk. A STEEL STEEL WHEN S ALE E. SECH. Diff. You will be debt - tightly . I crace .

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15539 15541 OF DEATH Item #2b.c & d urs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY b. COUNTY Montgomery Wash o. STATE Maryland Montgomery MARYLAND b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If gutside sapporate limits, write RURAL and give nearest tawn) Silter/Spring Mad hours Il hrs. d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) e. IS RESIDENCE PHYSICIAN: The law requires that the death certificate be executed within 24 ON A FARM? Montgomery General Hospital NO NO YES NAME OF First Middle DATE Manth corban Last Year DECEASED Adolphus Coffee Elmore Nov. 19 67 (Type ar print) DEATH IF UNDER 1 YEAR S. SEX 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years IF UNDER 24 HRS 7. MARRIED **NEVER MARRIED** 8 Tast mineray) Manths Male Negro 10-31-80 WIDOWED DIVORCED and 10a. USUAL OCCUPATION (Give kind af work dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during mast of working life, even if retired) INDUSTRY COUNTRY? S.C. USA Retired Farmer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remaya UNKN UNKN 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, na, ar unknawn) (If yes give war ar dates af service ar Montgomery General Hospital Olney, Md. INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: ONSEY AND DEATH IMMEDIATE CAUSE (a) DUE TO mos. Canditians, if any, which gave rise ta immediate cause (a), DUE TO stating the underlying cause arteriosclerosis years be retained by the haspital or attending as the After this certificate has been PART II. STHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISPASE CONDITION GIVEN IN PART I(g) WAS AUTOPSY PERFORMED? af Health YES A NO for 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER (City or town) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (County) (State) factory, street, affice blda., etc.) Nat While at wark 19___, that (1) (we) last 21. I certify that (1) (this haspital) attended the deceased fram M, fram causes and an the date stated abave. 1967, and that death accurred at DIRECTOR: saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED M.D DIRECTOR director, page should be filed filed ADDRESS 22c. PHYSICIAN'S FUNERAL NAME (Type) Dr. John R. Spencer 23b. DATE THEREOF 23c. NAME OF CEMETERY OR GREMATORY 23d. LOCATION (City or Town) (State) (County) 2Sb. REGISTRAR'S SIGNATUR VR A15 (4) 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY NITG-OME MARYLAND c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) write RURAL and give negrest town HYATTSVILLE SILVE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENC ON A FARM? 6512 OUEENS CHAPEL ROAD NO YES 3. NAME OF Middle Lost DATE Month Day Year DECEASED FLMA E NOV. (Type or print) DEATH IF UNDER 1 YEAR S. SEX 6. COLOR OR RACE 7. MARRIED NEWER MARRIED DATE OF BIRTH 9. AGE (In years Months Days Hours WIDOWED 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & State, or fareign country) during most of working life, even if retired) Housewike LUTHUANTA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME CHAIM ABRAHAM ROSENTHAL RENA IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT 6512 OUTENS CHAPEL ROAD (Yes, no, ar unknown) (If yes give war or dates of service IRS. ARTHUR WEYMAN, HYATTSVILLE. INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY. ONSET AND DEATH IMMEDIATE CAUSE (o DUE TO DUF TO WAS AUTOPSY PERFORMED?

Conditions, if any, which gove rise to immediate cause (a). stating the underlying cause PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CHRONIC PIN SYNDROME 20o. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH

20c. TIME OF INJURY Month, Day, Year Hour a.m. 21. I certify that (1) (this hospital) attended the deceased fram 3-14-, 1967, ta 11-12-, 1967 that (1) (we) last

(IF EITHER, NOTIFY MEDICAL EXAMINER)

20d. INJURY OCCURRED at wark

20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

(City or town)

NO

(State)

220. SIGNATURE

22 PHYSICIAN'S

NAME (Type)

saw the deceased alive an 11-9

M.D

1967, and that death accurred at 12.05M, from causes and on the date stated above

22d. ADDRESS

DIRECTOR

22b. DATE SIGNED PHYS

BURIAL, CREMATION 23b. DATE THEREOF

-13 - 67

HERRING 1284 WEATION (City or Town)

BALTIMORE.

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that Page 4 may be retained by the haspital or attending physician. O FUNERAL VR A15 (4) 20 M 1/66

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State Dept. of Health

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DIRECTOR: After

signed by

and in any event,

burial, crematian, ar removal,

The law requires that the death certificate be executed within 24

24. FUNERAL DIRECTOR

DATE

(County)

REGISTRAR'S SIGNATUR

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

15541

1. PLACE OF DEATH a. COUNTY	Montgomery		MARYL	AND	2. USUAL RESIDENCE (WI		d lived. If institut b. COUNTY	ion: Residence Mont	e befare o	odmission)
b. CITY OR TOWN RURAL ond give r Bethesds	(If autside carporate lim learest town)	its, write	c. LENGTH OF STAY IN	N 16	1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest Bethesda					town)
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, sat home	give street	address)		d. STREET ADDRESS 7800 Fulbrig	tht Ct.		3.4-10		S RESIDENCE ON A FARM? ES NO 🍱
3. NAME OF DECEASED (Type or print)	Fi	rst	Middle War	ren	Colison	4. DATE OF DEATH	мо 1		Day 14	Year 167
5. SEX	6. COLOR OR RACE	7. MAR	RIED NEVER MARRIED	В	. DATE OF BIRTH		9. AGE (In years	-	_	UNDER 24 HRS
Male	White	WIDOW	The second secon		9-6-09		last birthday) 58 yrs		Days H	aurs Min.
10a. USUAL OCCUPATI	ON (Give kind of work	dane 10b.	KIND OF BUSINESS OR	INDUST	TRY 11. BIRTHPLACE (State	ar fareign co	ountry)	12. CITIZ	ZEN OF WI	HAT COUNTRY?
Executive	rking life, even if retired		Dept., Store		D.C.			11	S.A.	
13. FATHER'S NAME			, D0010		14. MOTHER'S MAIDEN	NAME				
George S.	Coligon				Eva Carte	22				
15. WAS DECEASED EV	ER IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. INI	FORMANT	, di	Add	dress		
(Yes, no, or unknown)	(If yes, give war or dates of s	ervice)	577-01-4857	Loi	s Colison (w	vife)	7800 F	ılbrig	he sda	, M.
		use per li	ine far (a), (b), and (c).]							AL BETWEEN
PART I. DE.	ATH WAS CAUSED BY: IMMEDIATE CAUSE (c	, E	Brain tumor	– as	strocytoma				5 m	ionths
1930	1930 DUE TO									
Canditions, if		1								
gave rise to cause (a), stating	immediate (1110				
lying cause last.		.)	COLLEGE STATE							
PART II. OT	HER SIGNIFICANT CON	IDITIONS	CONTRIBUTING TO DEAT	TH BUT N	NOT RELATED TO THE TERM	INAL DISEAS	E CONDITION GI	VEN IN PART	P	WAS AUTOPSY PERFORMED?
	AS UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	SCRIBE HOW INJURY OC	CURRED	. (Enter nature af injury in	Part I ar Par	t II af item 1B.)			
20c. TIME OF INJU Havr a. m. p. m.	RY Manth, Day, Ye	While			CE OF INJURY (Hame, farm ary, street, affice bldg., etc		ar tawn)	(C	aunty)	(State
		otten			September, 19					
saw the deced	sed gilve on	NOV.	1907 , and t	hot of	eath accurred at 12:	TANY THONK	the causes a	nd an the	date st	ated abave. 22b.DATE
220. SIGNATURE	Carl 7	-4	Vienebe	Hly		NED.	STAFF PHYS.	11/	14/67	CACALER
22c. PHYSICIAN'S NAME (Type)	Karl F. W	ienel	se. M. D.		Georgetov	m Uni	versity 1	Hospit	al	
22a BUBLAL CREMATI	ON, 23b. DATE THEREO		23c. NAME OF CEMET	TERV CR			TION (City, tawn,			/CA-A-)
REMOVAL (Specify	11-16-1		Parklaw n	_			ckville,			(State)
24. NUNERAL DIRECTOR	R'S SIGNATURE	8	ADDRESS	of.		D BY REGIST	10C7	ISTRAR'S SIC		149

TO FUNERAL DIRE.

7. After this certificate has been signed by the attending physician and completely filled page 3 should be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 the State Baard of Health prior to burial, cremation, or remaval, and in any event, within 72 haurs after death. TO HOSPITAL OR VR A15 (4) 15M 9/59

after death. Page 4

TENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hay

the funeral director, should be filed with

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15544 CERTIFICATE 15542 The law requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)/ a. COUNTY a. STATE b. COUNTY MONTGOMER MARYLAND b. CITY OR TOWN (If autside carparate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give negrest tawn) write RURAL and give nearest town) SILLIER OPRING d. NAME OF HOSPITAL OR INSTITUTION (II not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 200 YES NO DE 3. NAME OF DECEASED (Type or print) Middle 4. DATE Last Day 26 DEATH S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) DIVORCED WIDOWED 10a. USUAL OCCUPATION (Give kind af work dane 10b. KIND OF BUSINESS OR 11. BIRTAPLACE (County & State, or lareign country) 12. CITIZEN OF WHAT during most of warking life, even if retired) COUNTRY? attending physician permit. Then please ar remayol. IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT (Yes, pg, ar unknown) (If yes give war ar dates of service) 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN signed by the burial-transit p PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, il any, which gave (b) rise ta immediate cause (a), DUE TO stating the underlying cause O HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the hospital ar attending priar ta has been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? State Dept. of Health NO YES certificate 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II at item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (County) Haur a.m. lactory, street, affice bldg., etc.) Not While at wark at wark 21. I certify that (I) (this haspital) attended the deceased fram 19 67, and that death accurred at 2 king M, fram causes and an the date stated above saw the deceased alive an, O FUNERAL DIRECTOR: 22a. SIGNATURE 22b. DATE SIGNED MED. DIRECTOR **ATTENDING** M.D. 22c. PHYSICIAN'S BERAARD A. FITZGERALD 22d. ADDRESS Silven 23b. DATE THEREOF 23a. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) 11/29/67 Mt. Olivet Cemetery Washington 24. FUNERAL DIRECTOR ADDRESS 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 25M 1/67 J. Wm. Lees Sons, 300 4th St.NE, Wash. DC DANO

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the time all director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
15545
CERTIFICATE OF DEATH
15543

Place of Death a. COUNTY Montgomery MARYLAND MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admis a. STATE Maryland b. COUNTY Montgomery	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring 26 Years	c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest to Silver Spring	town)
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) 619 University Blvd. East	d. STREET ADDRESS 6. IS RESIDE ON A FARI ON A FARI	RM?
3. NAME OF FIRST MIDDLE OF STREET OF COLVE	Last 4. DATE Month Day Year OF DEATH NOV. 30, 196	7
Female White WIDOWEO DIVORCEO	Jan. 16, 1909 9. AGE (In years IFUNOER 1 YEAR IFUNDER 24 Jan. 16, 1909 9. AGE (In years IFUNOER 1 YEAR IFUNDER 24 Months Oays Hours Months Oays Oays Hours Months Oays Oays	4 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	11. BIRTHPLACE (County & State, or foreign country) Maryland 12. CITIZEN OF WHAT COUNTRY? U. S	3.
13. FATHER'S NAME Charles W. Burton	Sarah E. Burton Smith	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (If yes give war or dates of service)	INFORMANT Husband Address Same as Item 2.	,
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. OEATH WAS CAUSEO BY: IMMEDIATE CAUSE (a) OUE TO	pais INTERVAL BETWE ONSET AND DEA:	
Conditions, If eny, which gave rise to immediate cause (a), stating the underlying cause last. (b) DUE TO (c) Clucuroma	colon, primary 6 mo	7.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA 20a. ACCIOENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	PERFORME	PSY EO?
	RRED. (Enter nature of injury in Part I or Part II of Item 18.)	A li
20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 20e. PLAI 4 Hour a.m. While At work at work at work	CE OF INJURY (Home, farm, 20f. (City or town) (County) (Statery, street, office bldg., etc.)	te)
	death occurred at 35 AM, from the causes and on the date stated ab	
22a. SIGNATURE JNOU. 18 M.D.		
1 22c. PHYSICIAN'S NAME (Type) A, W. SMITH	22d. ADDRESS 13018 GEORGIA AVE WHEATON, MD	
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY Burial 12-2-67 Ft. Lincoln		
24. FUNERAL DIRECTOR ADDRESS ROBERT A. PUMPHREY, Bethesda, Mary	Cemetery Prince George County M 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Land OATEDEC 4	ille,

VR AI5 (4)

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

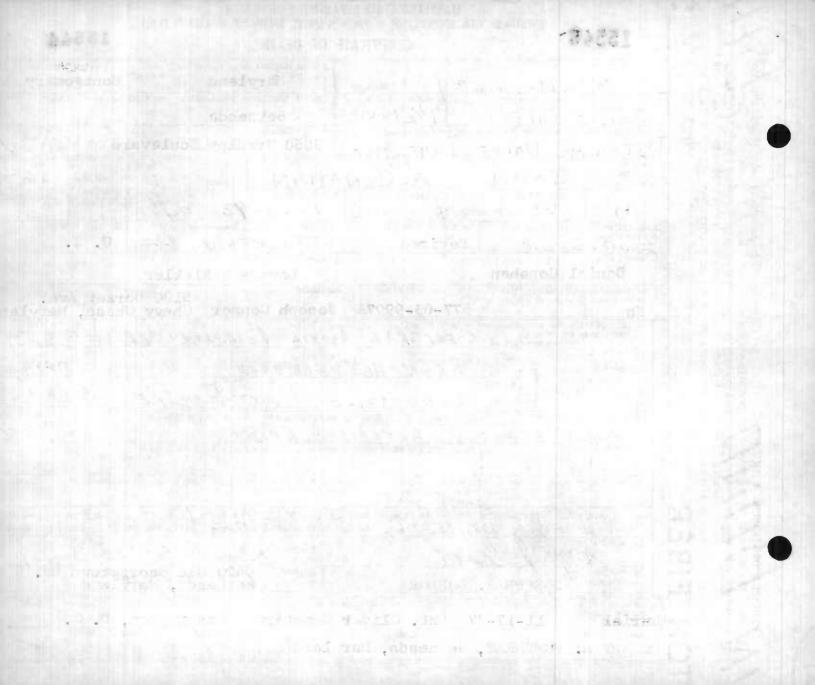
CERTIFICATE OF DEATH

15544

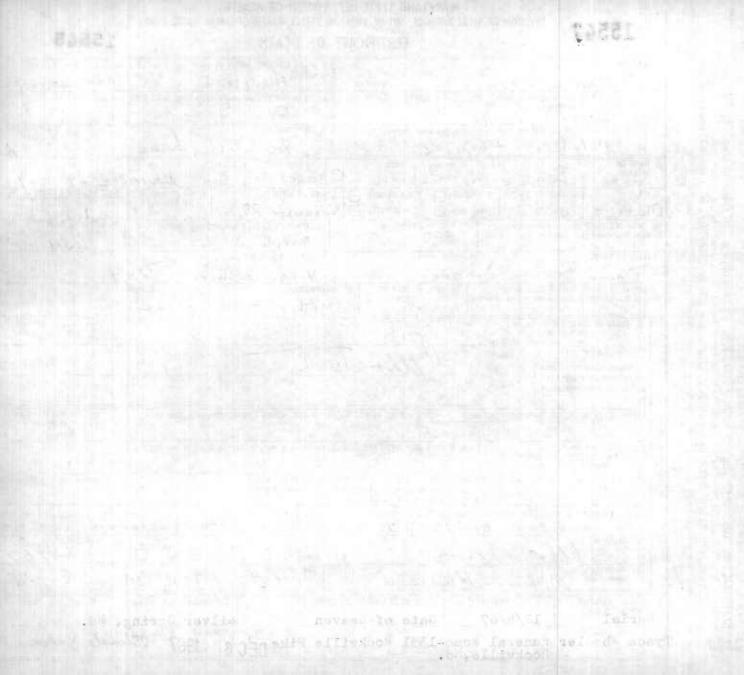
1.	PLACE OF DEATH O. COUNTY	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission)
	MONTGO MERY MARYLAND	o. STATE Maryland b. COUNTY Montgomery
	b. CITY OR TOWN (If outside carparote limits, /c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside carporote limits, write RURAL and give nearest town)
	Rural and give nearest town 7/2 Month	Bethesda 15-1
-	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)	d. STREET ADDRESS e. IS RESIDENCE
E	DOTOMAC VALLEY NURS. HON	5060 Bradley Boulevard YES NO W
3.	NAME OF DECEASED (Type or print) JOHN A. COM	VAHAN 4. DATE Month Doy Year 1 14 19 6 7
۶.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	m WIDOWED DIVORCED	1-21-73 lost birthday) Manths Days Haurs Min.
	tring mast of warking life, even if retired) 10b. KIND OF BUSINESS OR INQUSTRY	11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT
10	ring most of working life, even if retired) Retired	STOCKTON, PA GOUNTRY?
13	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Daniel Conahan	Lovena Siklekler
S	S. WAS DECEASED EVER IN U.S. ARMED FORCES? Tes, no, ar unknown) (Iff yes give wor ar dotes of service)	17. INFORMANT 5100 Address Ave.
1	No (if yes give wor or doles of service) 577-03-9997A	Joseph Connor Chevy Chase, Maryla
=	1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	ANOXIA- RESPIRATORY ARREST PISET AND DEATH.
	434/ IMMEDIATE CAUSE (o) CEAE BATTE	7 7707(17)
	Canditians, if ony, which gove) (b) BRONCHO	PNEUMONIA 2 DAYS
	rise to immediate cause (o), stating the underlying cause	
	last. (c) CONGESTI	VE HEART MAILURE DAYS
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
CEKTURICATION	PLEURAL EPFUSION; ARTER	PERFORMED? YES NO
=	20g. ACCIDENT WAS UNDERLYING ☐ 20b. DESCRIBE HOW INJURY OCCUR	RED. (Enter nature of injury in Port I or Port II of item 1B.)
	OR CONTRIBUTING CAUSE OF DEATH	
	THE ELIBER, NOTED MEDICAL EXAMINER)	. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stote)
10000	Hour o.m. While Not While	factory, street, office bldg., etc.)
	p.m. 17 of work 🗀 of work	
	21. I certify that (I) (this haspital) attended the deceased from	n JULY , 1966, to NOV. 74 , 1967, that (I) (we) las
		that death occurred at 12:55AM, from causes and an the date stoted abave
	220. SIGNATURE	ATTENDING MED. STAFF 22b. DATE SIGNED
	Solar Como	MID. FIELD.
	22c. PHYSICIAN'S NAME (Pype) JOSEPH I. CONNOR	22d. ADDRESS 9420 Old Georgetown Rd. Bethesda, Maryland
3	30. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	
F	DCMOVAL (Const.)	er Cemetery Washington, D. C.
	24. FUNERAL DIRECTOR ADDRESS	2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by director, page 3 shauld be detached far use as the burial-transit permit. Then please remave tarbor papers. should be filed with the State Dept. af Health priar to burial, crematian, ar remaval, and in any event, within 72 haur Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 25M 1/67

IO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

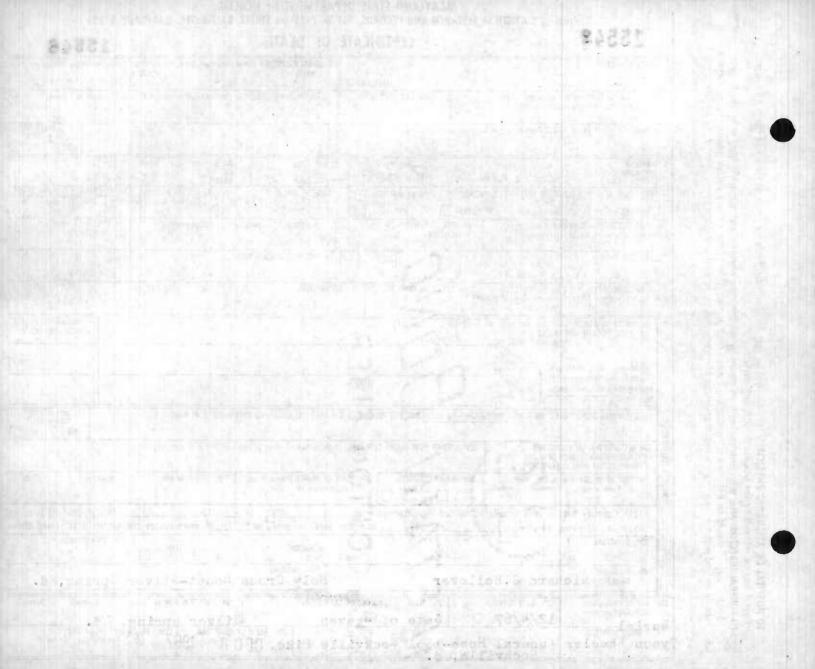


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15547 15545 CERTIFICATE OF DEATH OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours after death. death the funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY b. COUNTY MONTGOMER MONTGO MERY MARYLAND completely filled in by the fu axe corbon popers. Poges 1 y event, within 72 haurs aftely b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) write RURAL and give nearest town Silver 3 pring d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) IS RESIDENCE ON A FARM? d. STREET ADDRESS YES NO NAME OF Last 4. DATE Year Doy DECEASED onger NouzmbER DEATH (Type or print) SEX 6. COLOR OR RACE DATE OF BIRTH 9. AGE (In years UNDER 24 HRS 7. MARRIED NEVER MARRIED remove lost birthdoy) Days Hours WKITE November WIDOWED DIVORCED ond in any ond 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, ar foreign country) physician o during mast of working life, even if retired) Mery land 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME or removal, ginia Maria 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO (Yes, na, ar unknown) (If yes give war ar dates of service Mother above buriol, cremotion, INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY signed by t IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gave rise to immediate cause (a). DUE TO for use as the t Health prior to b stating the underlying cause the hospitol or offending this certificate has been WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 40 detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or tawn) (County) (Stote) Haur a.m. foctory, street, affice bldg., etc.) at work be retained by 19 62. to , 19___, that (I) (we) last 21. I certify that (1) (this haspital) attended the deceased from director, page 3 should should be filed with the TO FUNERAL DIRECTOR: sow the deceased olive an 22a. SIGNATURE 22b. DATE SIGNED PHYS M.D. PHYS DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type 23d. LOCATION (City or Town) 23o. BURIAL CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) (State) Burial (Specify) 12/4/67 Gate of Heaven Silver Spring. yson Wheeler Funeral Home-1331 Rockville Pike Rockville, Md. 2Sq. REC'D BY REGISTRAR VR A15 (4) 25M 1/67 1967

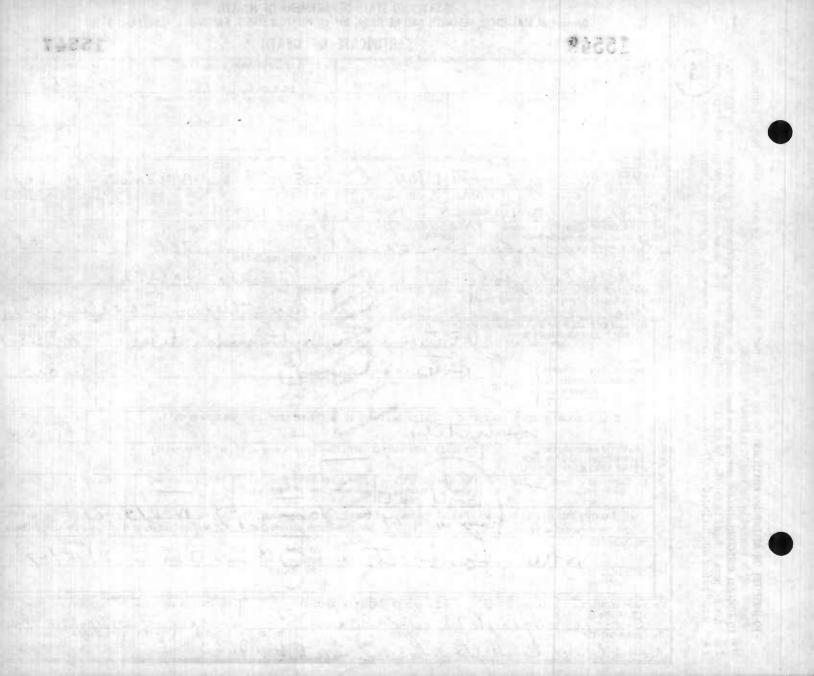


Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15543 CERTIFICATE OF DEATH 15546 requires that the death certificate be executed within 24 hours ofter death the ottending physician and completely filled in by the funerol sit permit. Then pleose remove carbon papers. Pages 1 and 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEATH o. COUNTY b. COUNTY vithin 72 hours offer MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give-nearest town) IS RESIDENCE ON A FARM? d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) YES NO L NAME OF Middle 4. DATE Month Doy Year DECEASED 0F KUTh Lizabeth event, 19 (Type or print) DEATH S. SEX DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthdoy) Months Doys Hours any WIDOWED auersan DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) COUNTRY? during most of working life, even if retired) INDUSTRY pup 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME removol, aRie · Wia 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dates of service bove 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) physicion DUE TO signed t burial Conditions, if ony, which gove rise to immediate cause (a), DUF TO for use as the t f Heolth prior to b Page 4 may be retained by the hospital or ottending O FUNERAL DIRECTOR: After this certificate has been stating the underlying couse last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PHYSICIAN: The CERTIFICATION NO 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH of detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (Stote) 20c. TIME OF INJURY Month, Day, Year (County) Hour o.m. foctory, street, office bldg., etc.) Not While at work ot work 21. I certify that (1) (this haspital) ottended the deceosed from 1/128/167- 77m, 1967, to 1/128/16m, 1967, that (1) (we) last 3 should saw the deceased alive on 8km 11/28 1967, and that death accurred at 9.198 M, from causes and an the date stoted above. 22b. DATE SIGNED 22a. SIGNATURE ATTENDING M.D. PHYS DIRECTOR PHYS. director, page should be filed 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Richard J. Hollover Holy Cross Hospt-Silver Spring. Md. 23o. BURIAL CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) Gate of Heaven Silver Spring 2So. REC'D BY REGISTRAR REGISTRAR'S SIGNATUR yson Wheeler Funeral Home-1331 Rockville Pike DEC 6 VR A15 (4) 20 M 1/66 Rockville.

MARYLAND STATE DEPARTMENT OF HEALTH

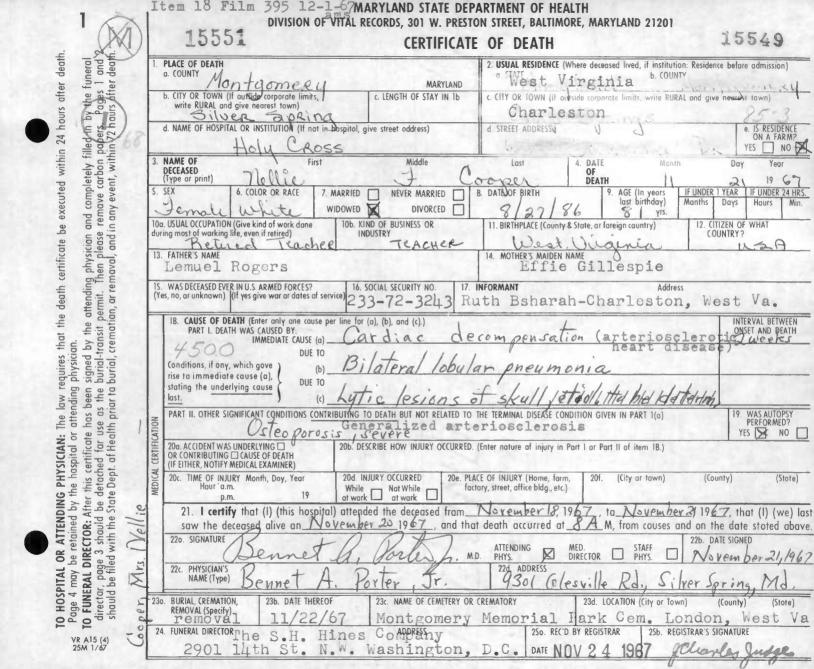


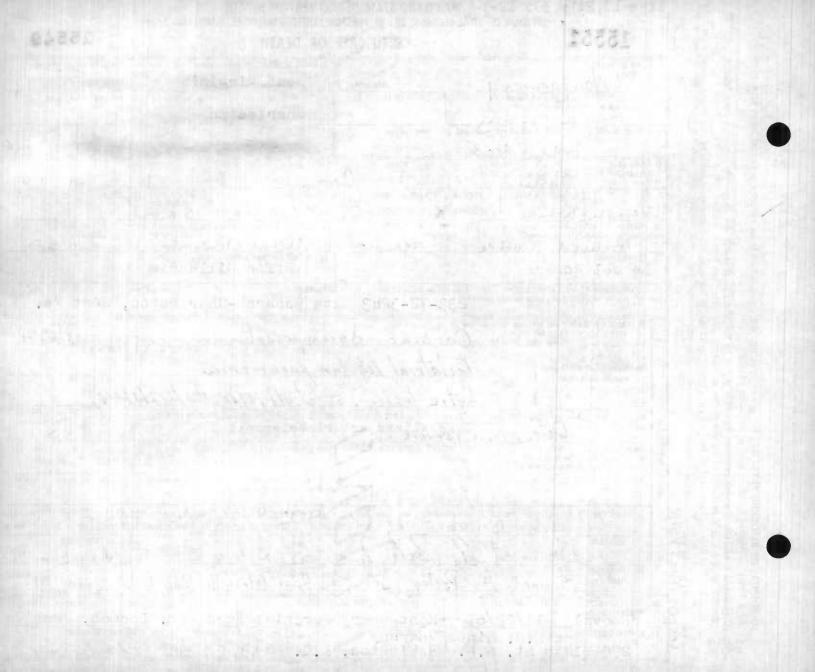
MARYLAND STATE DEPARTMENT OF HEALTH



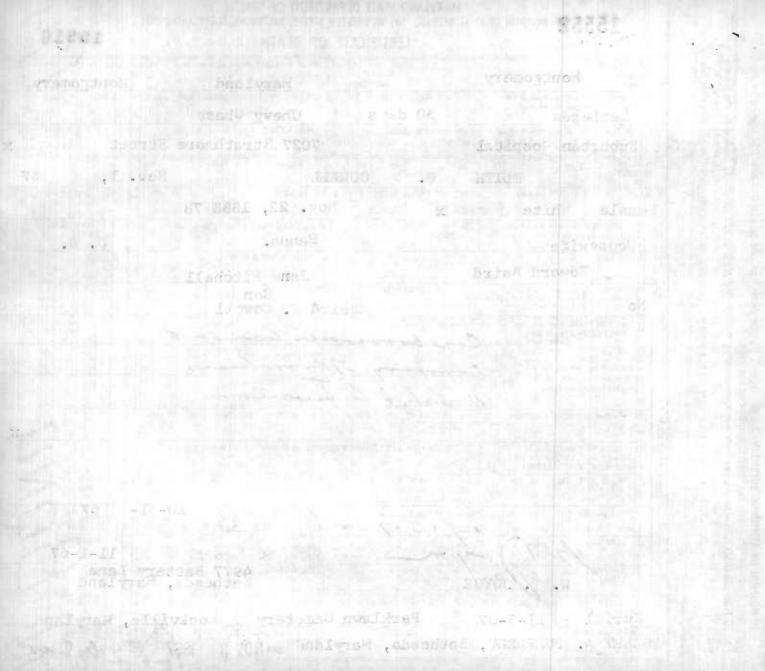
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH and 2 death. hours after death. 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) 1. PLACE OF DEATH b. COUNTMONT gomery a. CDUNTY Montgomery Maryland MARYLAND by the CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b pers. . Bethesda 12 years Bethesda .= d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE pal DN A FARM? 4242 East-West Highway 4242 East-West Highway YES NOK carbon pent, withi completen executed within 3. NAME OF First Middle Last Month Day DECEASED DF DEATH 19 67 ELSPETH BROOKS MONTGOMERY COOPER 26, event, Nov. (Type or print) 5. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. emove 7. MARRIED NEVER MARRIED last birthday) Months | Days White Sept. 9,1914 and Female WIDOWED [DIVORCED T 三 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY 12. CITIZEN DF WHAT 11. BIRTHPLACE (County & State, or foreign country) physician in please r CDUNTRY? and U. S. Wisconsin International Consultant certificate removal, 13. FATHER'S NAME 14. MDTHER'S MAIDEN NAME attending premit, Then Florence Cary Warren Montgomery 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Husband 16. SOCIAL SECURITY ND. 17. INFORMANT Address this certificate has been signed by the atten detached for use as the burial-transit permit. E. Dept. of Health prior to burial, cremation, or a (Yes, no. or unkown) | (If yes give war or dates of service) death Same as Item 2. Harold Cooper 220-46-2167 INTERVAL BETWEEN 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] PHYSICIAN: The law requires that the the hospital or attending physician. DNSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MONTHS DUE TD 40 YRS GLOMERULO NEPHRITIS Conditions, If any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. WAS AUTOPSY CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? NO P YES [20b. DESCRIBE HDW INJURY DCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 20a. ACCIDENT WAS UNDERLYING DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL (County) (State) 20c. TIME DF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, office bldg., etc.) Hour a.m. Not While After Id be d ATTENDING retained by at work at work 1957 to NOV. DIRECTOR: A age 3 should lied with the \$ VAN 1967 21. I certify that (I) (this hospital) attended the deceased from. and that death occurred at 500 M, from the causes and on the date stated above. saw the deceased alive on Nov. 196 22b. DATE SIGNED 221. SIGNATURE pe director, page should be filed ATTENDING PHYS. NOV 26 196 DIRECTOR PHYS. M.D. Fage 4 may TO FUNERAL 22c. PHYSICIAN'S 22d. ADDRESS 5009 Ray Ave. Del NAME (Type) G. ANGLE ROBERT Bethesda. Maryland 23d. LDCATION (City, town or county) BURIAL, CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) 11-27-67 Cedar Hill Crematory Suitland. Maryland Cremation 25a. REC'D BY REGISTRAR ADDRESS 24. FUNERAL DIRECTOR DATE DEC 4 196 PUMPHREY, Bethesda, Maryland VR A15 (4) 15M 4-64

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MARYLAND STATE DEPARTMENT OF HEALTH 15552 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15550 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. STATE Maryland b. COUNTY Montgomery a. COUNTY Montgomery MARYLAND OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter b. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest tawn)
Bethesda c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 16 30 days Chevy Chase d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? remove corbon paper Suburban Hospital 7027 Strathmore Street NO X 3. NAME OF Middle Last 4. DATE Manth Day Year DECEASED Nov. 1, EDITH B. COWELL 1967 (Type or print) DEATH S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED 78 birthday) Nov. 22, 1888 Days White Female WIDOWED DIVORCED 10c. USUAL OCCUPATION (Give kind af wark done during mast of working life, even if retired)
Housewife 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, ar fareign country) 12. CITIZEN OF WHAT **INDUSTRY** COUNTRY? Penna. 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME signed by the attending physic buriol-transit permit. Then pla buriol, cremotion, or removal, Edward Baird Jame Mitchell 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes no ar unknown) (If yes give war ar dates af service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address Son Baird E. Cowell 18. CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (o) **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Poge 4 may be retoined by the hospitol or attending physicion. DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO stating the underlying couse O FUNERAL DIRECTOR: After this certificate hos been the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? detached for use te Dept. of Heolth NO K 20g. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) Nat While factory, street, affice blda., etc.) at wark at wark 19 67, to 10-31-, 19 67, that (1) (we) last 21. I certify that (I) (this haspital) attended the deceased from .30 19 67, and that death accurred at 34, M, fram causes and an the date stated above saw the deceased olive on_ 22b. DATE SIGNED 22o. SIGNATURE 11-1-67 M.D. DIRECTOR 22c. PHYSICIAN'S 22d. ADDRESS 4977 Battery Lane NAME (Type) Bethesda, Maryland JOYCE 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23d. LOCATION (City or Town) (County) (State) Burial Parklawn Cemetery 11-3-67 Rockville Maryland
GISTRAR 25b. REGISTRAR'S SIGNATURE 25a. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR PUMPHREY, Bethesda, Maryland Munice DATE NOV 3 1967



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	15553		CERTIFICATE	OF DEATH		15551
a.	LACE OF DEATH COUNTY	CV	MARYLAND	2. USUAL RESIDENCE (V	where deceased lived, if institut b. COUI	tian: Residence before odmission)
	CITY OR TOWN (If outside cowrite RURAL and give neare	rparate limits, st town)	6 mos 2 Solys	1.1	tside carparate limits, write RUI	RAL and give nearest town) 47-3
d.	NAME OF HOSPITAL OR INSTITUTE	THITION /If not in bossital at	ive street address) Savi Tari'u Middle	A CIDEET ADDRECE	//	1. 5. E B IS RESIDENCE ON A FARM? YES NO
D (1	AME OF O ECEASED (ype or print) MarTh	ia Lo	rena (ow Gill	OF DEATH POU	ember 10 1967
S. SI	male Whi	Te WIDOWED	NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 80	9. AGE (In years last birthday) 8 (a yrs.	Months Days Hours Min.
durin	USUAL OCCUPATION (Give kind of a most of working life, even if rouse Wife	etired) [ND	ID OF BUSINESS OR DUSTRY Home	Not Kn		12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAME (Not Kno	wn) Turne	er	14. MOTHER'S MAIDEN NOT K		
1S. (Yes,	WAS DECEASED EVER IN U.S. AR/ , na, ar unknown) (If yes give w	wor or dates af service)	OCIAL SECURITY NO. 17.	NFORMANT	Addre	9\$\$
	18. CAUSE OF DEATH (Enter PART 1. DEATH WAS CAU IMME	anly ane cause per line fal	(a), (b), and (c).)	te concl	bral cose	INTERVAL BETWEEN ONSET AND DEATH
	Canditians, if any, which gaverise to immediate cause (a)		Viscon "			
	stating the underlying cause last.		edocal jed	arter	es selere.	27
CATION	PART 11. OTHER SIGNATION TO	di ke	OPPEATH BUT NOT REVATED TO	_		19. WAS AUTOPSY PERFORMED? YES NO
CERT	20a. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING ☐ CAUSE OF (IF EITHER, NOTIFY MEDICAL EXA	DEATH	CRIBE HOW INJURY OCCURRED.	(Enter nature of injury in f	Part I or Port II of item 18.)	
MEDICAL	20c. TIME OF INJURY Manth, Haur a.m. p.m.	Day, Year 20d. IN. While at work	Nat While fact	CE OF INJURY (Hame, farm ory, street, office bldg., etc.)		(County) (State)
	21. I certify that () saw the lettersed of	(this haspital) attend				that (I) (we) la and an the date stated abov
	22a. SIGNATURY	lenga		111131	MED. STAFF DIRECTOR PHYS.	22b. DATE SIGNED
	22c. PHYSICIAN'S NAME (Type)	MEKO	eusture	22d. ADDRESS	16 00 4 40	losel oc
23a.	DEMOVAL (Speciful	36. DATE THEREOF 11/14/67	23c. NAME OF CEMETERY ON Broad Fordi		23d. LOCATION (City or To	

2So. REC'D BY REGISTRAR

25b. REGISTRAR'S SIGNATURE

Ochanlas Q

ADDRESS

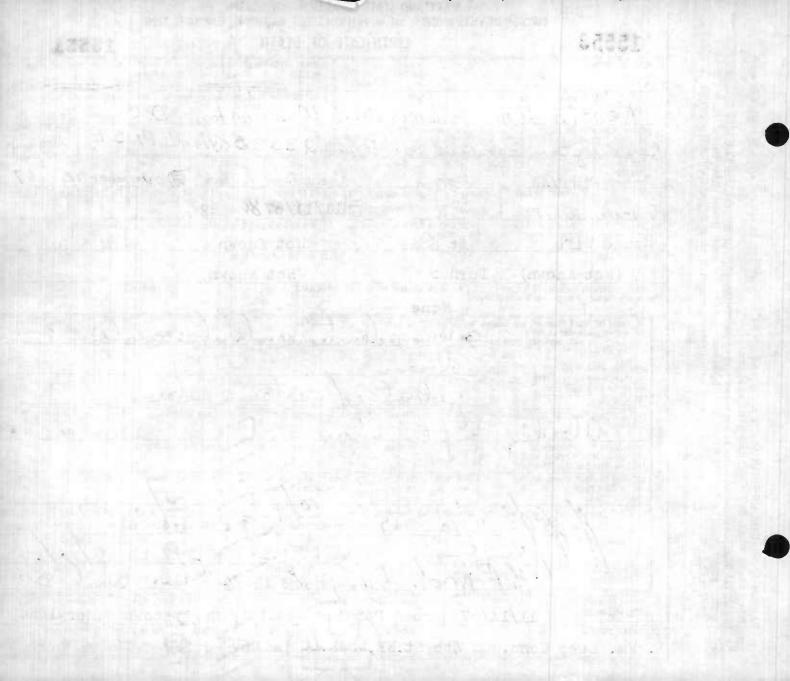
Wm. Lees Sons, 300 4th St.NE, Wash.DC

director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages Tand 2 shauld be filed with the State Dept. of Health prior ta burial, cremation, or remaval, and in any event, within 72 haurs after death TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely Page 4 may be retained by the haspital or attending physician. VR A15 (4) 25M 1/67

24. FUNERAL DIRECTOR

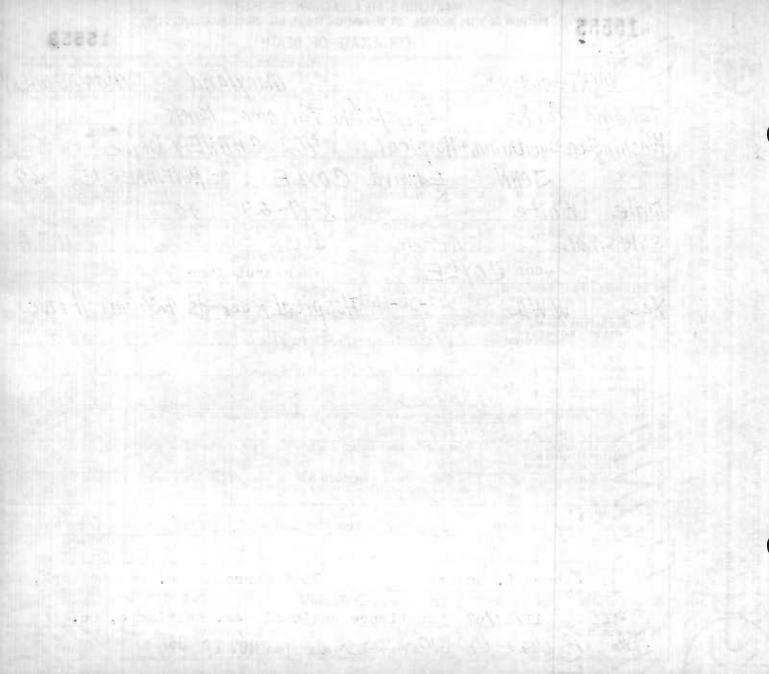
IO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after

filled in



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15552 15554 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEATH a. COUNTY a. STATE h COUNTY MARYLAND MONTBOMERY MARYLAND b. CITY OR TOWN (If autside carparate limits, CLENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) write RURAL and give nearest tawn) MARYLAND MARK. SILVER SPRINGS mo e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS ottending physician and completely filled in sermit. Then please remove carbon papers. requires that the deoth certificate be executed within 24 103 6604 URSING ST. N.E YES NO K 3. NAME OF DATE Day Last Year DECEASED NOV. (Type or print) DEATH IF UNDER S SFX 6 COLOR OR RACE DATE OF BIRTH 9. AGE (In years IF LINDER 24 HR 7 MARRIED NEVER MARRIED last birthday) Months Days Hours CAUC WIDOWED DIVORCED FEMALE 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) COUNTRY? during most of working life, even if retired) INDUSTRY PENNSYLVANIA HOUSEWIFE OME MAKER 13. FATHER'S NAME 16. SOCIAL SECURITY NO. 17. INFORMANT (50N) Address BETHESOR, MD 1s. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, ar unknawn) (If yes give war ar dates of service) T. COX. 5403 LAMBETH ST. CAUSE OF DEATH (Enter only one cause per line for (a), INTERVAL BETWEEN buriol-tronsit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (a) signed by DUE TO Canditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause O FUNERAL DIRECTOR: After this certificate hos been the WAS AUTOPSY PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? YES NO DO Por the hospitol 20o. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CI CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e, PLACE OF INJURY (Hame, farm, (City or town) (County) (State) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED factory, street, office bldg., etc.) Haur a.m. Not While at wark be retained by 7.19 196 7, that (1) (we) last 21. I certify that (1) (this haspital) attended the deceased fram. 19 4 7, and that death accurred at 12 Me fram causes and an the date stated above saw the deceased alive an 22a. SIGNATURE DATE SIGNED ATTENDING M.D. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) director, should b 230. BURIAL, CREMATION, REMOVAL (Specify) 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) Jashinalen CREMATION iremotarie REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR T. (1)M VR A15 (4) DATE NOV 20 M 1/66 300 4TH ST, N.E., WASHINGTON,

STORAGONA STORE STORE STORE STORE BULL TO THE STATE OF A LINE BUILDING AND SPECIAL SETS OF THE PROPERTY OF THE P SUPPLIES OF STREET and the control of th



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 5555 CERTIFICATE OF DEATH 17184 deoth OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death funeral I and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY o. STATE b. COUNTY Montgomery Maruland MARYLAND within 72 hours after Montaomeru b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest down Spring d. STREET ADDRESS HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) e. IS RESIDENCE remove carbon papers filled i ON A FARM? 1704 Black Oak Lane YES NO IX NAME OF Middle 4. DATE Month Doy Year and completely DECEASED and in ony event, (Type or print) va DEATH 6. COLOR OR RACE AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS MARRIED NEVER MARRIED DATE OF last birthdoy) Months Dovs Hours WIDOWED 🗙 DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT physicion o ease during most of working life, even if retired) INDUSTRY Schools COUNTRY? 14 MOTHER'S MAIDEN NAME or removol, John A. Werle 1S. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, of unknown) (If yes give wor or dotes of service 17. INFORMANT 220 Bearthout Road 16. SOCIAL SECURITY NO Silver Spring, Maryland cremotion. INTÉRVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). signed by the buriol-transit PART I. DEATH WAS CAUSED 8Y ONSET AND DEATH re, HCVD & ASHD ongestive heart IMMEDIATE CAUSE (o) **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires tho Page 4 moy be retained by the hospital or ottending physicion. DUE TO Conditions, if ony, which gove rise to immediate couse (a). DUF TO stoting the underlying couse os the prior to has been lost 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) YES NO certificote for 20o. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) After this Hour o.m. Not While foctory, street, office bldg., etc.) ot work of work 21. I certify that (1) (this haspital) attended the deseased fram. director, page 3 should should be filed with the and that death accurred at 320 PM, from causes and on the date stated above. FUNERAL DIRECTOR: saw the deceased alive an 22d. SIGNATURE 22b. DATE SIGNED ATTENDING DIRECTOR PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) George Colymbia Blud 23o. 8URIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) SREMOVAL (Specify) Cedar Hill Cemetery 0 2Sb. REGISTRAR'S SIGNATURE Suitland APDRESS raia Avenue 2So. REC'D 8Y REGISTRAR VR A15 (4) 25M 1/67 E. Pumpbrey. Inc. Meliantes

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CERTIFICATE OF DEATH

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that the death certific an. by the attending phys transit permit. Then p cremation, or remaval,	IS. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? s, no, or unknown) ((If yes give wor or dotes of	()	NFORMANT	Rockvalle	
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the the sit particular		1B. CAUSE OF DEATH (Enter only one coupant 1. DEATH WAS CAUSED BY:	se per line for (o), (b), ond (c).)		7.0	INTERVAL BETWEEN ONSET AND DEATH
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de PHYS the hosp of this certain detache the Dept.	MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. 19		E OF INJURY (Home, farm, pry, street, affice bldg., etc.)	20f. (City or town) (C	ounty) (Stote)
TENDIN ined by DR: Afte auld be the Sto		21. I certify that (I) (this hos saw the deceased alive on	onal) attended the deceased fram / // 8 19 67, and that	death accurred at 89	2, ta ///O , 19 M, from lauses and an	6.7, that (I) (we) las the dote stated above
OR ATTE be retaine DIRECTOR ge 3 shau led with th		220. SIGNATURE	egge gr M.D		C STAFF C	DATE SIGNED /67
AL Page		22c. PHYSICIAN'S NAME (Type) - RANK	JAGGERS JR	22d. ADDRESS 5 70 7	WISCONSIN	AUE
O HOSPII Page 4 m O FUNER director, shauld b	230	BURIAL, CREMATION, 23b. DATE THE REMOVAL (Specify)			Bd. LOCATION (City or Town)	(County) (Stote)
5 5 5 5 V		Burial Nov. 1	3, 1967 Ft. Lincoln		Prince Geo. Co.	
VR A15 (4)			ADDRESS Wash.		5 1967 25b. REGISTRAR'S	SIGNATURE
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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

15555

death. 24 haurs after death funeral l and pup within OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within carbon campletely and in any and ā remayal, attending parties of the 10 crematian, burial-transit by physician. signed ar attending this certificate has been the OS Health the haspital FUNERAL DIRECTOR: After O HOSPITAL OR ATTENDIN Page 4 may be retained by director, page 3 shauld be filed v

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VR A15 (4)

15552

PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY Montgomery District of MARYLAND Columbia b. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town)
Silver Spring c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 3 vrs.ll mos. Washington d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS Althea Woodland Nursing Home 5233 Partridge Lane NO IX 3. NAME OF 4 DATE Year DECEASED CREIGHTON 1967 MAUDE HAWK Nov. 15 (Type or print) DEATH 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED 87 birthdoy) Dovs Hours Jan. 31,1880 White Female WIDOWED 5 DIVORCED 11. BIRTHPLACE (County & Stote, or foreign country) 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? S. Easton, Penna. None 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mary Jane Morris Forman Hawk 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Son Address 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service) Same as Item 2. 79-60-4473 William F. Creighton 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUF TO Conditions, if ony, which gove rise to immediate couse (a). DUF TO stoting the underlying couse WAS AUTOPS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? NO S YES 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 20o. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED (City or town) (County) (Stote) Hour o.m. factory, street, office bldg., etc.) Not While at work of work 1950 to 21. I certify that (I) (this hospital) attended the deceased fram and that death accurred at MM, fram causes and an the date stated above. saw the deceased alive an_ 220. SIGNATURE 22b. DATE SIGNED 11-16-67 M.D. DIRECTOR PHYS Wisconsin Ave. 22d. ADDRESS 5707 AGGERS NAME (Type) Bethesda, Maryland 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION (County) (Stote) Cremation 11-18-67 Cedar Hill Crematory Suitland, Maryland 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR PUMPHREY, Bethesda, Maryland DATE NOV

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FOR STATE HEALTH OLD IT The Act of Death The A	2/-1	Item 20a-20f ARYLAND STATE DEPARTMENT OF HEALTH Film #395 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
COUNTY Montgomery Mariland County Maryland County Maryland County Maryland County	FOR STATE	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	5556
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DECEMBER OF THE PROPERTY OF TH	50	Holy Cross Hospital 11477 Columbia Pike Bl	e IS RESIDENCE ON A FARM? YES NO
21. I certify that I taak charge of the remains described above, held an Autapsy, Inspection, Inquiry and in my apide the resulted from: Natural causes, Accident, Suicide, Hamicide, Undetermined manner CHIEF MEDICAL EXAMINER, ACTUAL SIGNATURE, ACCIDENT, ACSISTANT MEDICAL EXAMINER, DEPUTY MEDICAL EXAMINER	ive Paging with	DECEASED (Type or print) Crosby, Wayne Richard OF DEATH 16, Nov, 67	19
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Greene. New York	ury migrany, plea any, plea be retained by priar to	SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER DEPUTY, MEDICAL EXAMINER	22. DATE SIGNED
	TO DEP necess the fur 5 may TO FUN Health	23a. BURIAL, CREMATION, REMBURIAL 11/20/67 23c. NAME OF CEMENTRY OF CREMATORY 23d. LOCATION (City or Town) (Coursell 11/20/67 Sylvan Lawne Greene New York	.,
W.W. Chambers, Co. Inc. Washington, D.C. DAIENOV 20 1967 gollarles Judge	VR A15ME (5) 6M 1/67	24. FUNERAL DIRECTOR ADDRESS L250. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNA	TURE

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 15560 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) g. COUNTY delay and 3 b. CITY OR TOWN (If outside Torporote LENGTH OF STAY IN 16 c. CITY OR TOWN (Liputside corporate limits, write RURAL and give parest tawn pup write RURAL and air d. STREET ADDRESS e. IS RESIDENCE ON A FARM? forwarded to the Chief Medical Examiner's Office along with farm the Stote hours ofter deoth. 3. NAME OF Middle BATE Year DECEASED OF DEATH 6. COLOR 7. MARRIED NEVER MARRIED virthday) Manths Hours 72 hours ofter deoth. WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10 KIND OF BUSINESS OR 12. CITIZEN OF WHAT during mast af working life, even if retired) .= 18HILAN This certificate should be executed within 13. FATHER NAM 14. MOTHER'S MAJOEN NAM .= 16. SOCIAL SECURITY NO 17 INFORMANT 578-29-4237 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Massive intracerebral hemorrhage, left, spentaneous certificate, writing the word Hypertensive cardio-vascular disease rears Conditions, if any, which gave rise ta immediate cause (a), . DUE TO stating the underlying cause and removol, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPS PERFORMED? Cirrhosis of liver, Laennee's type Wt 3000 grams YES T NO 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 3 should should PRIMARY ar CONTRIBUTING CAUSE OF DEATH. cremotion, 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED (City ar town) 20e. PLACE OF INJURY (Hame, farm, (County) (State) Hour a.m. foctory, street, office bldg., etc.) ECTOR: Poge Not While of work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection \ Inquiry X and in my apinian death resulted fram: Natural causes Accident Suicide Hamicide Undetermined manner funeral director CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER prior SIGNATURE FUNERAL DEPUTY MEDICAL EXAMINER JOHN G. BALL Address (Street, city, town, or county) Bethesda. Md. NAME (Type) 230. BURIAL CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 0 REMOVAL (Specify)
Burial Cedar Hill Cemetery Suitland, Maryland 12-4-67 24. FUNERAL DIRECTOR REGISTRADS SIGNATURE VR A15ME PUMPHREY, Bethesda, Maryland

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1. PLACE OF DEATH O. COUNTY MONT & COUNTY MARYLAND O. STAFF O. COUNTY O. STAFF O. COUNTY Maryland O. STAFF O. COUNTY Maryland O. STAFF O. COUNTY O. STAFF O. COUNTY O. STAFF O. COUNTY Maryland O. STAFF O. COUNTY O. STAFF O. COUNTY Maryland O. COUNTY O. STAFF O. STAFF O. COUNTY O. STAFF O. COUNTY O. STAFF O. STAFF O. COUNTY O. STAFF O. ST	15561	CERTIFICATI	E OF DEATH		15557				
b. CITY OR TOWN [if outside corporate limits, write RURAL and give nearest town) Kensington d. NAME of Posting to institution (if not in hospital, give street address) d. SREEL ADDRESS 4. DATE OF First OF SESSIGNEY SOUTH AND COMPITAL OR INSTITUTION (if not in hospital, give street address) J. NAME OF DESTINATION SERVIN AND COMPITAL OR INSTITUTION (if not in hospital, give street address) J. NAME OF DESTINATION S. NAME OF DESTINATION J. DATE OF SESSIGNEY OF SESSIONEY OF SES	a. COUNTY	MARYLAND			dence befare admission)				
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d. NAME OF HOSPITIAL OR INSTITUTION (If not in hospitol, give street address) d. SREI ADDRESS 4.0			W shington.	O.C.	47 3				
3. NAME OF DECEASED (Type or pann) S. SEX 6. COLOR OR RAC 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years SEATHERS) NAME TO LUSUAL OCCUPATION (Give kind of work done INDUSTRY 100. STAFF DATE NAME) FOR A THROUGH STAFF NAME FOR COLOR OF RAC 1. MARRIED NEVER MARRIED 10. NEVER MARRIED 10. STAFF DATE NAME FOR COLOR OF RAC 1. MARRIED NEVER MARRIED 10. NEVER MARRIED 10. NEVER MARRIED NAME SUPERIOR (Give kind of work done INDUSTRY 11. MOTHERS MAIDEN NAME FOR COLOR OF RAC 1. MARRIED NO SEATH (Give kind of work done INDUSTRY 11. MOTHERS MAIDEN NAME FOR COLOR OF REAL (Give kind of work done INDUSTRY NO. 12. CITIZEN OF WHAT TOWN NAME FOR COLOR OF RAC 1. MARRIED PORCES? (Co. NO. 10. MARRIED NAME FOR COLOR OF RAC 1. MARRIED PORCES? (Co. NO. 10. MARRIED NAME NAME) IS WAS DECEASED EVER NUS. ARKHED FORCES? (Co. NO. 10. MARRIED NAME SOPHROM (IT yes give world oddes of service) IS CALDED TO DEATH (Enter only one cause per ling for (o), (b), and (c)). PART I. DEATH WAS CAUSED BY: MARRIED NAME (Give your part of you		haspital, give street address)		V	e. IS RESIDENCE				
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HOUSEWIFE 13. FAIHER'S MAME Ferdinand E. Burch 15. WAS DECASED EVER IN U.S. ARRIED FORCES? (fee, no, or unknown) (lifty es give wor or dates of service no. b) 16. SOCIAL SECURITY NO. 219-54-9722 Anna King Handwerk-8302 Woodhaven 11vd. 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if only, which gave (b) sise to immediate cause (a), stating the underlying cause (c) 19. PART II. OHIER SIGNIFICANI-CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL OISEASE CONDITION GIVEN/IN PART 1 (e) PART II. OHIER SIGNIFICANI-CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL OISEASE CONDITION GIVEN/IN PART 1 (e) PART II. OHIER SIGNIFICANI-CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL OISEASE CONDITION GIVEN/IN PART 1 (e) PART II. OHIER SIGNIFICANI-CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL OISEASE CONDITION GIVEN/IN PART 1 (e) PART II. OHIER SIGNIFICANI-CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL OISEASE CONDITION GIVEN/IN PART 1 (e) PART II. OHIER SIGNIFICANI-CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL OISEASE CONDITION GIVEN/IN PART 1 (e) PART II. OHIER SIGNIFICANI-CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL OISEASE CONDITION GIVEN/IN PART 1 (e) PART II. OHIER SIGNIFICANI-CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL OISEASE CONDITION GIVEN/IN PART 1 (e) PART II. OHIER SIGNIFICANI-CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL OISEASE CONDITION GIVEN/IN PART 1 (e) PART II. OHIER SIGNIFICANI-CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL OISEASE CONDITION GIVEN/IN PART 1 (e) PART II. OHIER SIGNIFICANI-CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL OISEASE CONDITION GIVEN/IN PART 1 (e) PART II. OHIER SIGNIFICANI-CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL OISEAN CONTRIBUTION GIVEN/IN PART 1 (e	7 6								
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21. I certify that (I) (this haspital) attended the deceased fram 21. I certify that (I) (this haspital) attended the deceased fram 22. SIGNATURE 22. SIGNATURE 22. PHYSICIAN'S NAME (Type) 23. BURIAL, CREMATION, PEMOVAL (Specific) 23. DATE THEREOF 23. NAME OF CEMETERY OR CREMATORY 23. LOCATION (City or Town) (County) (Stote)									
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saw the deceased alive an land with a death accurred at M., from causes and an the date stated abave. 22a. SIGNATURE M.D. ATTENDING MED. DIRECTOR STAFF PHYS. 22b. DATE SIGNED 22b. DATE SIGNED PHYS. 22c. PHYSICIAN'S NAME (Type) PHYS. DIRECTOR PHYS. COUNTY (Society) (Stote)	≥ p.m. 19		11 17	r 11.01	117				
22a. SIGNATURE County Cou	21. I certify that (1) (this haspit								
22c. PHYSICIAN'S NAME (Type) DRYLA D Y 22d. ADDRESS G TWW Wush DC 2001 C 23a. BERNAVA (Secretary) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote)	saw the deceased alive and	d , and the	at death accurred at 6.1	M, fram causes and a	the date stated above.				
22c. PHYSICIAN'S NAME (Type) PRYLAD 422d. ADDRESS G STNW Wash DC 2001C 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote)	22a. SIGNATURE	Period	ATTENDING 1 MED		DATE SIGNED				
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PEMOVAL (Specific)									
RFMOVAL (Specify)		LAVU	1 NOU 79	21 10 00 00 000	046 10016				
Runial 11-25-1967 Mt. Ulivet Cemetery "Shington;	NAME (Type) 23a. BURIAL, CREMATION, 23b. DATE THEREC	OF 23c. NAME OF CEMETERY OF	CREMATORY 2	, ,	_ ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '				
Joseph Gawler's Sons, Inc. 5130 ADDRESS . Ave. N.W. 250. RECID BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DAT NOV 2 4 1967	NAME (Type) 23a. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREO		Cemetery	W shington, D.	_ ' ' ' '				

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely filled arriby the director, page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages should be filed with the State Dept. af Health prior ta burial, crematian, ar removal, and in any event, within (2 hours at Page 4 may be retained by the haspital or attending physician.

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funeral hin 24 hours after death. Page 4 retained by the hospital or attending physician.

O FUNERAL I CTOR: After this certificate has been signed by the attending physician and completely director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pe filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hour. TO HOSPITAL

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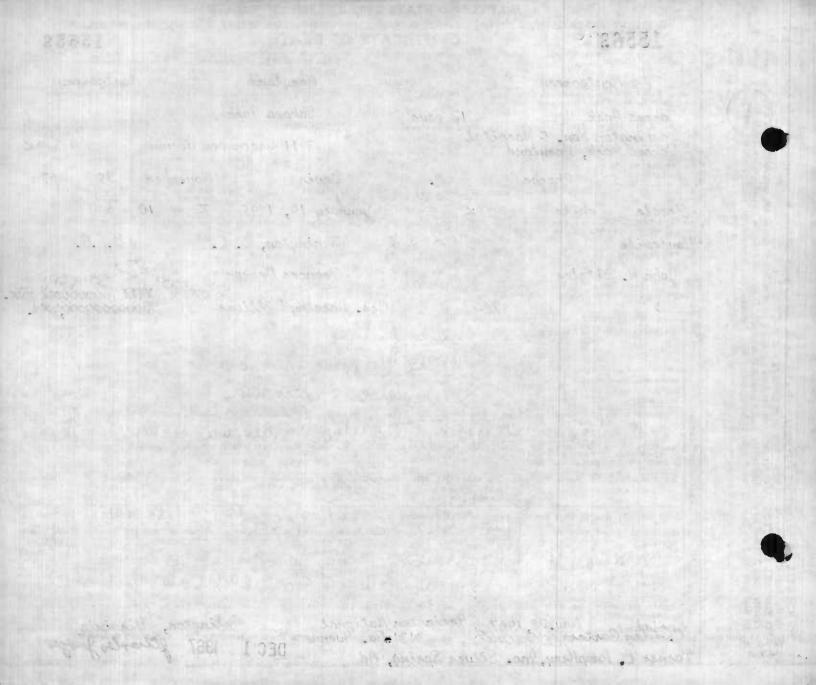
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Of Girector, page 3

Of be filed with the

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 15563 CERTIFICATE OF DEATH 15559

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where daceesed lived, If institution: Residence	ca befora admission)
Montgomery Marylani	o. STATE Maryland b. COUNTY Montgo	omery
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1 write RURAL and give nearest town)	b c. CITY OR TOWN (If outside corporate limits, write RURAL and give r	neerest town)
Jakoma Park. 12 days	Jakoma Park	15-1
d., NAME, OF HOSPITAL OF INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS	a. IS RESIDENCE ON A FARM?
Washington San. & Hospital	7911 Greenwood Avenue	YES NO
3. NAME Ska Park, Mary Land Middle Middle	Last 4. DATE Month Day	Year
(Type or print) Phoebe M	Davis DEATH November 25	1967
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR	
Temale white WIDOWED DIVORCED	January 19, 1895 Test birthdey) Months Deys	Hours Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		F WHAT COUNTRY?
Housewite Owy Home	Washington, D. C. U.S.	A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
John H. Ditzler	Frances Vernon , stored S.	1500.10
	7. INFORMANT 9103 AND PROPERTY PORTER	Day 2
(Yas, no, or unkown) (Ifyesgivewerordatasofservice)	Mrs. Dorothy Williams Dekoros	DEPONDENCE OF THE PARTY OF THE
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	INT	ERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	uluse	S O QUA
/530 PUE TO +		1
Conditions, if any, which (b)	hebalic werden	6 days
gava rise to immediate cause		0
(a), steting the undarlying ceuse lest.	ue coremona	Wells
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	9. WAS AUTOPSY PERFORMED?
\$ Stessulceration to	mally: Costinona clemen !	YES A NO
200 ACCIDENT WAS LINDEDLYING THE LOOP DESCRIBE HOW INTERVOCAL	IRED. (Enter neture of injury in Pert I or Pert II of item 18.)	
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
	PLACE OF INJURY (Home, farm, 20f. (City or town) (County)	(Stete)
Hour a.m. p.m. 19 While Not While et work et work	fectory, street, office bldg., etc.)	
21. I certify that (I) (this hospital), attended the deceased fro	om 11/15, 1967 to 11/25, 1962, th	hat (I) (we) last
saw the deceased alive on	hat death occured et	ate steted ebove
228 SIGNATURE		22b. DATE
Vanuant Magachan	M.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	SIGNED
22c. PHYSICIAN'S	22d. ADDRESS (7 /)	100
NAME (Type) NORMAN H.) SHA CSON M	11) 415 -19 01 XIV NOW WASKI	W.L.
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETE	RY OR CREMATORY 23d. LOCATION (City, town or county)	(State)
REMOVAL (Specify) Nov. 28, 1967 Arlington 1	National Arlington, Virgin	ia
24 EUNER M. LARRECT DRESS STARTUKE Plan Carles ADDRESS 4 34 -	Ga. Avenue250. REC'D BY REGISTRAR 256. REGISTRAR'S GONA	VIRE CAR.
Warner E. Pumphrey, Inc. Silver Spring.	Md DATEDEC 1 1961 generals	10



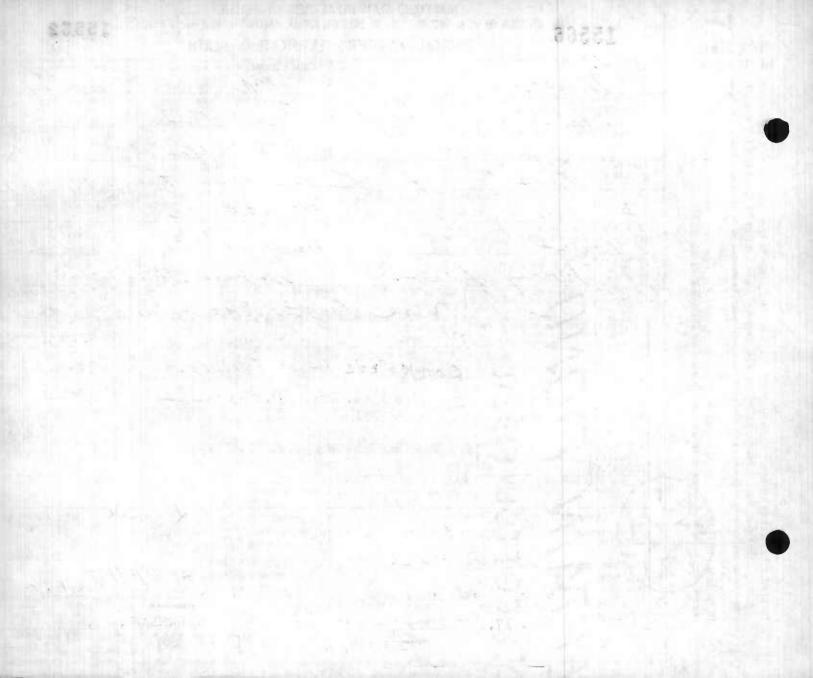
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15564 15560 CERTIFICATE OF DEATH ond completely filled in by the toperal remove carbon papers. Pages 1 and 2 n ony event, within 72 hours offer death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY b. CITY OR TOWN (If outlide corporate limit, MAY LAND. MONTGOMORY
C. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) MARYLAND c. LENGTH OF STAY IN 1b write RURAL and give nearest town) KENSINGTON OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hour d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) e IS RESIDENCE ON A FARM? d. STREET ADDRESS HOLY YES NO 4 3. NAME OF Middle 4. DATE Last Year Day DECEASED (Type or print) MAS DEATH 1967 S. SEX 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthday) Manths Days Hours 3-3-84 ond in ony WIDOWED DIVORCED WhITE puo 1Do. USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, ar fareign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? ottending physician termit. Then please Virginia armer U,S. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or removal, unknown unknown Kensinderen. Md. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dotes of service) Aubrey Dean-3507-Kensington Ct. burial, cremation, IB. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
Bilater INTERVAL BETWEEN signed by the burial-tronsit p ONSET AND DEATH Bilateral Pulmonary Embolus IMMEDIATE CAUSE (a) **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 moy be retained by the hospital or ottending physician. DUE TO Bilateral Lobular Pneumonia Canditions, if any, which gove rise to immediate cause (a), DUE TO stating the underlying cause prior to t has been 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) Artercosclerotic Heart Disease NO F this certificate tor 2Dg. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I ar Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 2Dc. TIME OF INJURY Month, Day, Year Haur a.m. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or tawn) (County) (State) Nat While factory, street, affice bldg., etc.) at wark OCT. 5 , 1967, ta 1001, 18, 1967, that (1) (we) last 21. I certify that (I) (this haspital) attended the deceased fram____ 19 67, and that death accurred at 130P M, fram causes and an the date stated above saw the deceased alive an Nov. 18 22o. SIGNATURE 22b. DATE SIGNED MED. DIRECTOR M.D. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S TO FUNERAL SILVER SPRING, MD NAME (Type) JAMES 8907 GEO. 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) REMOVAL (Specify) Nov. Dean Cemetery Green County Virginia 24. EUNERAL DIRECTOR Spr ADDRESS Md. 2Sa. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATUR VR A15 (4) 25M 1/67 umphrey Inc. 8434 Ga. Avenue

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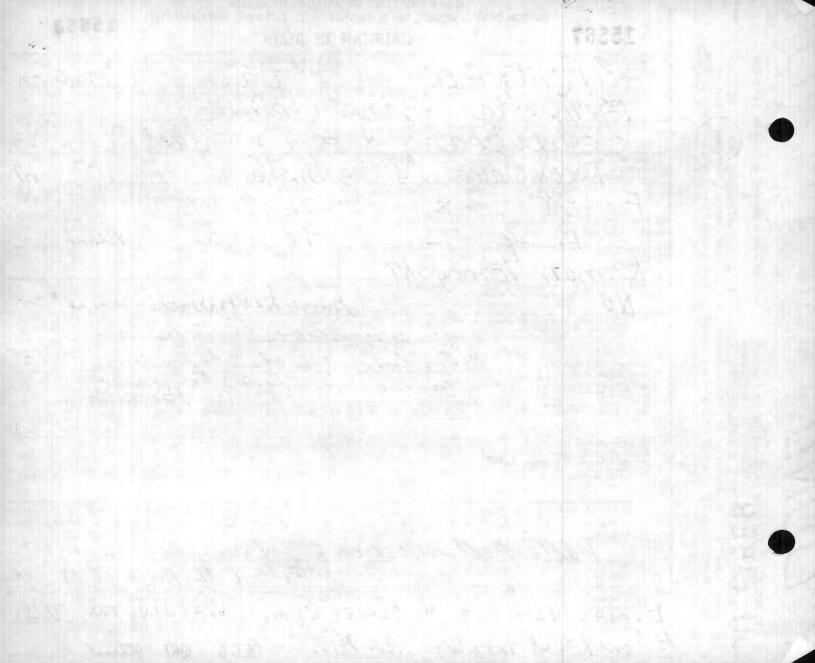
3 1	I	tems 18&21 Film 396 MARYLAND STATE DEPARTMENT OF HEALTH -15-68 ams DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		15565 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	5561
HEALTH DEPT.		PLACE OF DEATH a. COUNTY Maryland 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence of STATE Maryland b. COUNTY of STATE M	0
I, 2, ond 3	-	b. CITY OR TOWN (II outside corporate limits, write RURAL and give no	negrest town) / () e. IS RESIDENCE
	h	Jashington Sanitarium + Hosp. 7010 Greenbelt Rd.	ON A FARM? YES NO
ir death			Doy Year 27 1967
hin 24 hours after death. I nail in Item 18. Give Pages niner's Office along with far pages 1and 2 with the Store urs after death.	F	remale White WIDOWED WIDOWED WITH 1-12-1894 73 yrs.	Doys Hours Min.
24 hours in Item 18 ar's Office of personal and 2 values after death	100 dur	USUAL OCCUPATION (Give kind of work done ingressed in the street	ZEN OF WHAT
be executed within "pending" in pencil interface (Examiner Medical Examiner basis) print. File page ent within 72 hours a		Josiah Lindsay Rosanna Hamilto	on
xecuted nding" in Medical E permit. F	15. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address In o. or unknown) (If yes give wor or dates of service) 579-28-6735 Mary E. Brown-803 Seeks Lane, Sil	lver Spring
ld be executr rd "pending" Chief Medica tronsit permi		B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: Cardiac arrest due to acute coronary IMMEDIATE CAUSE (o) Cardiac arrest due to acute coronary	INTERVAL BETWEEN ONSET AND DEATH
s shou he wo to the buriol- in ony		Conditions, if any, which gove rise to immediate couse (o), stating the underlying couse DUE TO Consorting the underlying couse DUE TO Consorting the underlying couse DUE TO Consorting the underlying couse DUE TO	
This certificate cate, writing the forwarded be used os a remavol, and	NOI	coronary artery heart disease	19. WAS AUTOPSY PERFORMED?
INER: This e certificate should be files. 3 should be titon, or rem	CERTIFICATION	20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 1B.) PRIMARY OF DEATH.	YES NO
8 + 4 + 9 o	MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor Haur o.m. 20d. INJURY OCCURRED While at work 20e. PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.)	ty) (Stote)
P P P P P P P P P P P P P P P P P P P		21. I certify that I took charge of the remains described above, held on Autopsy , Inspection , Inquiry , death resulted from: Notural causes , Accident , Suicide , Homicide , Undetermined manner	ond in my opinion
<u> </u>		ACTUAL SIGNATURE Delce ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED
F F F	02	EXAMINER'S BELDEN PARTIES AND A DEPUTE THE DICAL EXAMINER OF THE D	27, 1967
To he		BUY14 (Specify) 12/1/67 George Washington Prince George Co., 1	
VR A15ME (8)	Ty	son Wheeler Funeral Home-1331 Rockville Pike Rockville Md. 250. REGISTRAR 25b. REGISTRAR'S SIGN PACKVILLE, Md. 25c. REGISTRAR'S S	Judge.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15562 15568 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEP PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE deloy is and 3 to Page 40 MARYLAND File poges 1 and 2 with the State Department c. LENGTH OF STAY IN fb outside corporate limits, write RURAL and awe negrest town b. CITY OR TOWN (If outside corporate limits c. CITY OR TOWN ond MES write RURAL and give pearest town d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. 15 RESIDENCE be forworded to the Chief Medical Examiner's Office along with farm ON A FARM? Give Poges NO V 24 hours after death. NAME OF Middle Year DECEASED DEATH (Type or print) IF LINDER 6. COLOR OR RACE AGE 7. MARRIED NEVER MARRIED last birthdoy) Months Dovs Hours in Item 18. within 72 hours after death DIVORCED WIDOWED OCCUPATION (Give kind of work done fOb. KIND OF BUSINESS OR BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? none pencil 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME be executed within IS. WAS DECEASED EVER IN U.S. ARMED FORCES? . 17 INFORMAN permit. (Yes, no. or unknown) (If yes give wor or dotes of service) "pending" 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY: buriol-tronsit ONSET AND DEATH event 10017701710 IMMEDIATE CAUSE (a) This certificate should writing the word DUE TO congostive Heart Failure any Conditions, if ony, which gove (b) rise to immediate couse (a). = DUE TO stoting the underlying couse Years 0 puo 00 be used WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) removol, NO execute the certificate, 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of Item 18.) 3 should PRIMARY Or CONTRIBUTING 4 should cremotion, or MEDICAL EXAMINER: CAUSE OF DEATH. 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (City or tawn) (County) (Stote) foctory, street, office bldg., etc.) Hour o.m. may be retained for your FUNERAL DIRECTOR: Page Page at work 21. I certify that I taak charge of the remains described above, held an Autopsy Inspection (Inquiry and in my apinian burio death resulted fram: Natural causes Accident Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER 0 ACTUAL 22. DATE SIGNED 5 may be refr TO FUNERAL D Health prior 1 ASSISTANT MEDICAL EXAMINER SIGNATURE uneral DEPUTY MEDICAL EXAMINER **EXAMINER'S** BARTHAR BARY City, MATO, or county NAME (Type) JOHN G. BALL. M.D 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL CREMATION (County) CUMBERLAND, MD. 7.1967 ZION MEMORTAL PARK **ADDRESS** 24. FUNERAL DIRECTOR VR A 15ME (5) KTGHT CUMBERLAND, MD. DATE



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15563 15567 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death PLACE OF OFATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY & o. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits write RURAL and give hearest town c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? Med YES NO X 3. NAME OF DATE DECEASED (Type or pnnt) **OEATH** 6. COLOR OR RACE 9. AGE (In years IF UNDER 7. MARRIED IF UNDER 24 HRS last birthdoy) Months Dovs Hours X WIDOWEO DIVORCED 10b. KIND OF BUSINESS OR 10o. USUAL OCCUPATION (Give kind of work done MPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life teven if retired) **INDUSTRY** COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, no, onunknown) (If yes give wor or dotes of service 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO signed Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse O FUNERAL DIRECTOR: After this certificate has been the 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) far 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF OEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURREO 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. Not While foctory, street, office bldg., etc.) 21. I certify that (I) (this haspital) attended the deceased fram // = 2 be retained shauld Z, and that death accurred at, IOMM, fram causes and an the date stated above. saw the deceased alive an 1 22o. SIGNATURE 22b. DATE SIGNED OIRECTOR PHYS. director, page shauld be filed Page 4 may t 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) BURIAL, CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATOR LOCATION (City or Town) (County) (Stote) FUMERAL DIRECTO 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE DATE



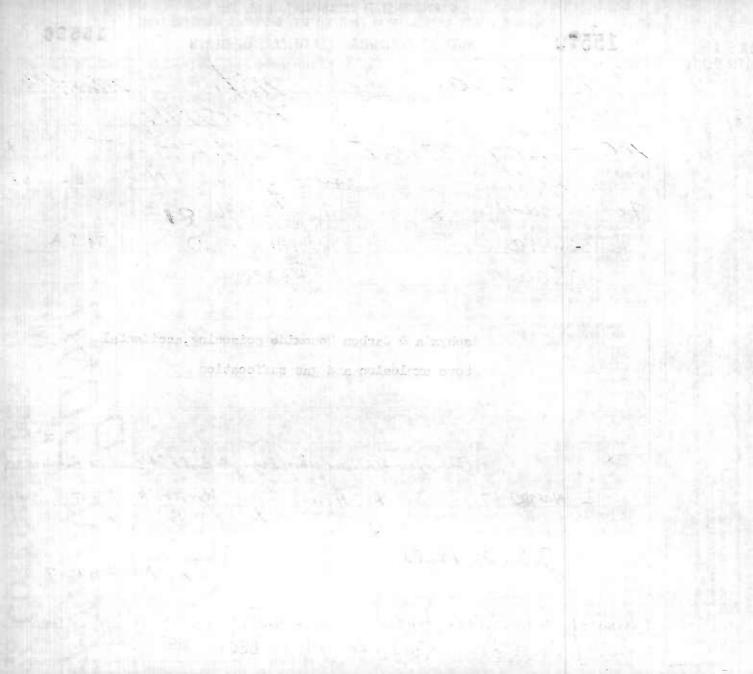
MAKTLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 15564 The law requires that the death certificate be executed within 24 hours after death. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY b. COUNTY MONIGOMERY MARYLAND MARYLAND ONTGOMERY b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pers. P. 5 DAYS ROCKVILLE BETHESDA (RURAL d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS ON A FARM? NAVAL HOSPTTAL 915 MAPLE AVE YES NO THE NAME OF UDC First Middle 4. DATE Month Year DECEASED (Type or print) JOHN FRANK DONAHAE DEATH NOVEMBER B. DATE OF BIRTH 6. COLOR OR RACE NEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR IF LINDER 24 HRS 7. MARRIED last birthdoy) Months Dovs Hours and in any CAUC WIDOWED DIVORCED 6 NOVEMBER MATE 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) Retired COUNTRY? ENGLEWOOD, N.J. Lithographer TISA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME removal, FLORIN DONAHAE the attending p ELIZABETH MULLER 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dotes of service) 17. INFORMANT 16. SOCIAL SECURITY NO. Address b 577 40 0954 Edna L. Donahae - wife- same item crematian, 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ial-transit ONSET AND DEATH RETICULUM CELL SARCOMA signed by t burial-trans burial, crem IMMEDIATE CAUSE (o) DUF TO Conditions, if ony, which gove rise to immediate cause (o), DUE TO stating the underlying couse as the priar tak this certificate has been (c) 19. WAS AUTOPS'
PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) NO 0 PHYSICIAN: 20o. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INTURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Year (City or town) (County) (Stote) Hour o.m. factory, street, affice bldg., etc.) TO FUNERAL DIRECTOR: After ot work ot work 21. I certify that (I) (this haspital) attended the deceased fram 20 NOV 1967, ta 25 NOV 19 67, that (1) (we) last be retained 19 67, and that death accurred at 1:15/M, fram causes and an the date stated above. saw the deceased alive an 25 220 SIGNATURE 22b. DATE SIGNED NOV 1967 M.D. DIRECTOR PHYS. director, page shauld be filed 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) C.S. REEVES. MC. USN NAVAL HOSPITAL. BETHESDA. MD 23c. NAME OF CEMETERY OR CREMATORY Page 23o. BURIAL, CREMATION. 23b. DATE THEREOF 23d. LOCATION (City or Town) (Stote) REMOVAL (Specify) Arlington National Arlington. Virginia 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR Ro ADDRESS le Pike. 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 25M 1/67 limiles ROCKVILLE, MD

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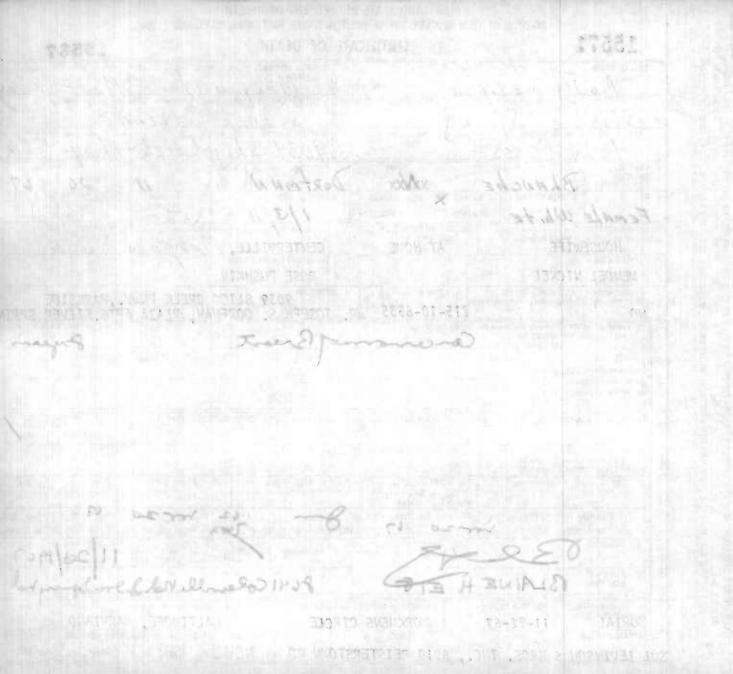
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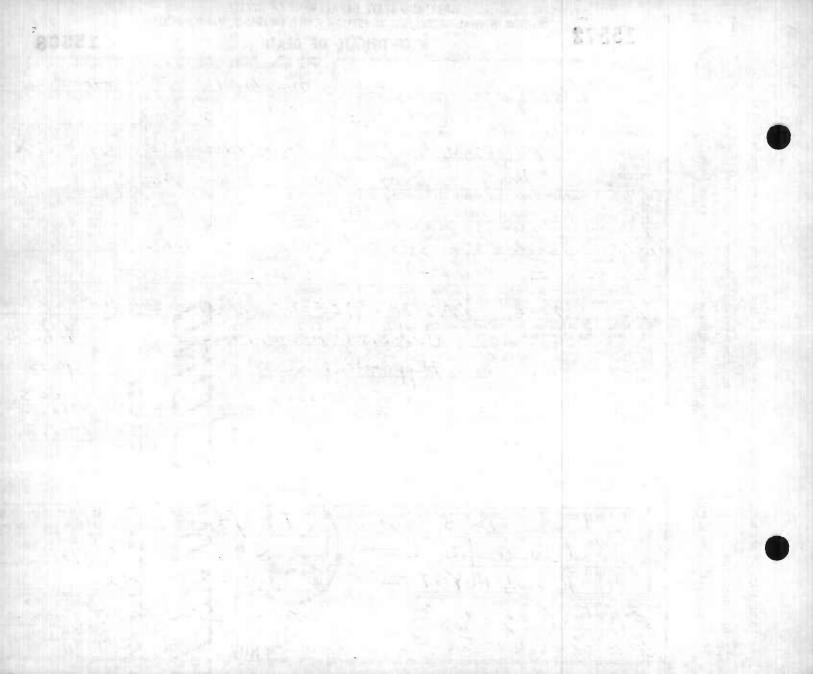
VR A15ME (5)



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15571 CERTIFICATE OF DEATH 15567 PLACE OF DEATH 2. USUAL RESIDENCE (Where, deceosed lived, if institution: Residence before odmission) o. COUNTY A O. STATES b. COUNTY MARYLAND that the deoth certificate be executed within 24 hours after b. CITY OR TOWN (If outside corporate limits, write RURA), and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) event, within 72-hours IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS 68 YES NO NO DATE NAME OF Middle Year remove corban DECEASED DEATH 19 (Type or print) 6 IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX AGE (In years 6. COLOR OR RACE 7. MARRIED M B. DATE OF BIRTH **NEVER MARRIED** lost birthdoy) Months Dovs Hours ond in any WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during mast of warking life, even if retired)
HOUSEWIFE INDUSTRY COUNTRY attending physicion permit. Then pleose HOME CENTERVILLE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME cremation, or removol, MENDEL NICKEL ROSE PUSHKIN OSEPH S: DORFMAN, PLAZA APTS SILVER SPRIN 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT permit. (Yes, no, or unknown) (If yes give wor or dotes of service) 215-10-6535 NO INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: ONSET AND DEATH burial-transit IMMEDIATE CAUSE (o) signed by Poge 4 may be retoined by the hospital or ottending physicion. DUE TO PHYSICIAN: The law requires burial Conditions, if ony, which gove (b) rise to immediate couse (a), DUE TO stoting the underlying couse os the has been Dept. of Health prior to lost (c) 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) use YES NO A this certificate for 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 20o. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. foctory, street, office bldg., etc.) Not While ot work ot work 21. I certify that (1) (this haspital) attended the deceased fram. 1962, ta 20, 1961, that (1) (we) last DIRECTOR: 22o. SIGNATURE M.O. DIRECTOR PHYS. filed , poge be filed ADDRESS 22c. PHYSICIAN'S O HOSPITAL FUNERAL 641 Cal NAME (Type director, I 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) Stote) 23o. BURIAL, CREMATION, BURTAL (Specify) BALTIMORE, MARYLAND 11-22-67 WORKMENS CIRCLE 0 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS VR A15 (4) 25M 1/67 NOV SOL LEVINSON & BROS. INC., 6010 REISTERSTOWN RD DATE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15572 CERTIFICATE OF DEATH 15568 **OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND intoin el Pages ours aft b. CITY OR TOWN (If outside corporate limits c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest tawn) e. IS RESIDENC INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS ON A FARM campletely-filled YES 4. DATE NAME OF Middle Last Month remave carbon First Onv Year DECEASED (Type or print DEATH IF UNDER 1 YEAR S. SEX DATE OF BIRTH AGE (In years UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthday) Manths Hours and in any WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 13. BIRTHPLACE (County & State, or fareign country) most of working life, even if retired) COUNTRY? physician ETIRED 3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME crematian, ar remaval, LMER WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT permit. SAME AS-#ZA-BE (Yes, na, ar unknawn) (If yes give war ar dates of service) CAUSE OF DEATH (Enter anly one cause per line for (a) INTERVAL BETWEEN (b), and (c).) PART I. DEATH WAS CAUSED BY burial-transit IMMEDIATE CAUSE (a) **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the haspital or attending physician. signed by DUE TO burial Conditions, if ony, which gove rise to immediate cause (a), DUE TO stoting the underlying cause detached for use as the te Dept. af Health priar to has been evioscherosis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPS PERFORMED? YES NO **DIRECTOR:** After this certificate 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Hame, farm, (City or tawn) (State) 20c. TIME OF INJURY Month, Day, Yeor 20d. INJURY OCCURRED (County) Haur a.m. factory, street, affice bldg., etc.) Not While at wark at wark 21. I dertify that (1) (this haspital) attended the deceased fram shauld an the date stated above deceased alive an 19 6 and that death accurred at fram causes and saw the 22o. SIGNALURI DIRECTOR director, page 3 shauld be filed v M.O 22c. PHYSICIAN'S 22d. ADDRESS O FUNERAL NAME (Type) 23c, NAME OF CEMETERY OR CREMATORY (County) (State) BURNAL, CREMATION 23d. LOCATION (City or Town) REGISTRAR'S SIGNATURE 2Sb. VR A15 (4) 25M 1/67



CERTIFICATE OF DEATH

		CERTIFICATI	L OF DEATH			
	Montgome ry	MARYLAND	a. STATE Mar		Mon' Mon'	tgomery
b. CITY OR TOWN write RURAL of Bethe	I (If outside carparote limits, and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	utside corporote limits, write Rl ethesda	JRAL ond give ne	eorest town)
	d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) 4614 West Virginia Ave. d. STREET ADDRESS 4614 We		West Virgin	ia ^A ve	e. IS RESIDENCE ON A FARM? YES NO	
3. NAME OF DECEASED (Type ar print)	Albert	Middle Young Dr	lost	4. DATE Mor OF DEATH NOVEM	.,,,	Day Year 1987
s. sex male		MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 8/14/94	9. AGE (In years last birthday) yrs.	Months Do	EAR IF UNDER 24 HR oys Haurs Min
during most of worki	ON (Give kind of work done ng life, even if refired) trative off	10b. KIND OF BUSINESS OR INDUSTRY Dept.		& Stote, or foreign country) ton, D.C.	12. CITIZE COUNT	N OF WHAT
	Uréisonstok Ver IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.		Leah Young	ress ,	
(Yes, no, ar unknawr yes	(If yes give war or dates af ser World Wa	rvice)	ichard Dre	70	6 Fore	st Glen er Spri
		1 -11	ambosis		Ma.	ONSET AND DEATH
Canditians, if a rise to immedi stoting the unlast.	ate cause (a),	artenoclus	u.j			Several year
PART II. OTHER 20g. ACCIDENT V OR CONTRIBUTION OF CONTRIBUTION	SIGNIFICANT CONDITIONS CONTI	RIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	NDITION GIVEN IN PART I(0)		19. WAS AUTOPSY PERFORMED? YES NO
	VAS UNDERLYING □ NG □ CAUSE OF DEATH FY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in	Part I ar Part II af item 18.)		
Hour'	NJURY Month, Doy, Year a.m. p.m. 19		ACE OF INJURY (Hame, farr tary, street, affice bldg., etc.		(County	Y) (State)
saw the	21. I certify that (I) (this hospital) attended the deceased fram					
220. SIGNATUR	r Joseph P	, Kenrick M	.D. ATTENDING PHYS.	MED. STAFF DIRECTOR PHYS.	22b. DATE:	30/67
22c. PHYSICIAN NAME (Typ		PH P. KENRICK	22d. ADDRESS 6450 U	visconsin are,	Bether	da, md.
23a. BURIAL, CREMA REMOVAL (Spec	ify)	23c. NAME OF CEMETERY OR Baltimore I	National C	23d. LOCATION (City or To		ounty) (State)
24. FUNERAL DIRECT	DR H. Hines	ompany ADDRESS	2So. REC	C 4 REGISTRAPO 2Sb. A	CLEAR'S CON	AT Produce

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours **TO FUNERAL DIRECTOR:** After this certificate has been signed by the ottending physician and completely filled in by t director, page 3 should be detached for use as the burial-transit permit. Then please remove corbon papers. Posshould be filed with the State Dept. of Health prior to burial, cremation, ar removal, and in any event, within 72-bour Page 4 may be retained by the hospitol or attending physicion.

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VR A15 (4) 25M 1/67

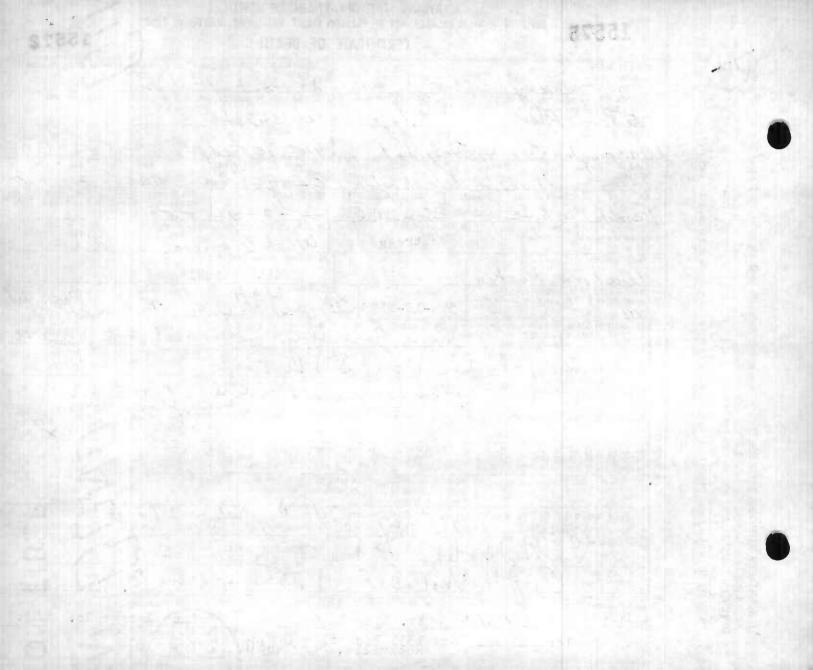
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	Items 18, 21 film #395 MARYLAND STATE DEPARTMENT OF HEALTH	
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FOR STATE	15574 "tem #10 FI MEDICAL EXAMINER'S CERTIFICATE OF DEATH	570
HEALTH DEPT.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before the control of the	are admission)
Poge is	o. COUNTY Montgomery MARYLAND Montgomery MARYLAND MONTGOMERY MARYLAND MONTGOMERY MARYLAND MONTGOMERY MARYLAND MONTGOMERY MONTGOMERY MARYLAND MONTGOMERY MONTGOM	Monto
delay is and 3 to mail Page	b. CITY OR TOWN (If outside carporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corporate limits, write RURAL and give neare	est tawn)
arfine	Olney / /Trita nrs.	151
	d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address)	e. IS RESIDENCE ON A FARM?
h. If farm farm	Montgomery General Hospital Box 276	YES NO
shauld be executed within 24 hours after death. If use ward "pending" in pencil in Item 18. Give Pages 1, to the Chief Medical Examiner's Office along with farm burial-transit permit. File pages 1 and 2 with the State Death any event within 72 hours after death.	3. NAME OF First Middle Lost 4. DATE Month Do DECEASED (Type or print) William Ray Dresser DEATH 77 2	6 19 67
affe alang	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost buthday) Months Doys	
n 18 ce c d2 v	Male White WIDOWED 3/15/05 62 yrs.	
hou literal Office of final one	10c. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electrician 10b. KIND OF BUSINESS OR INDUSTRELECTRICAL Maryland 11 BIRTHPLACE (State or foreign country) Waryland	PF WHAT
24 in er's ges afte	Electrician Blectrical Maryland U.S.	A.
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e shauld be executed within 24 hours in the ward "pending" in pencil in Item 18 ta the Chief Medical Examiner's Office oburial-transit permit. File pages 1 and 2 win any event within 72 hours after death	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknawn) (If yes give war ar dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address Olney Nedical Records of Montg. General Medical Records of Montg.	Hospt.
ndin Med Med with	I IR CALLSE OF DEATH (Finter only one cause per line for (a) (b) and (r))	ITERVAL BETWEEN
be 'pe 'pe hief ansir	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Massive Myocardial Infarction	NSET AND DEATH
ould vard ne C al-tr	DUE TO	
sho a th buri	Conditions, if any, which gove is to immediate cause (o), (b) left anterior ventricular wall;	
0	stating the underlying cause DUE TO (c) Coronary Artery Heart Disease	
rtiflic ritin /ard id as	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBITING TO DEATH RUT NOT PELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I/O	. WAS AUTOPSY
ite, work farw	CATION	PERFORMED? YES NO
necessary, please execute the certificate shauld be executed within 24 hours after death. If a necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, the funeral directar. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with farm 5 may be retained far your files. For Euneral Director: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Defined the prior to burial, cremation, or remaval, and in any event within 72 hours after death.	20a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II af item 18.)	
he the the filler filler as a serial	20c. TIME OF INJURY Month, Day, Yeor Hour a.m. 20d INJURY OCCURRED Not While Not While factory, street, affice bldg., etc.) (City ar tawn) (Caunty)	(State)
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MEDIA please directratine retainer	ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER CHIEF MEDICAL CHIEF MEDICAL EXAMINER CHIEF MEDICAL	22. DATE SIGNED
JTY, Free roll be r RAL prior	EXAMINER'S DEPUTY MEDICAL EXAMINER A	1012
ro DEPUTY MEDICA necessary, please extremel director. 5 may be retained to Euneral Director. Health prior to buricy	NAME (Type) /3ELDEN K, KEAP / DAddres (Intractity Temps county) / OV, 26	116/
D P P P P P P P P P P P P P P P P P P P	23a. BURIAL (REMATION, BURIAL (REMATION, BURIAL Specify) 11-29-67 Burtonsville 23d. LOCATION (City or Town) (Country) Burtonsville Burtonsville	,,
()	Burtansville Burtonsville M. 24. FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR OCT 25b. REGISTRAR'S SIGNATURE.	aryland
VR A15ME (5)	Francis H. Barber Lay tonsville, Md. DATE NOV 29 1967 gillarles	Judge
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15578 15572 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND PHYSICIAN: The law requires that the death certificate be executed within 24 hours after es b. CITY OR TOWN (1) outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 OR TOWN (If autside corporate limits, write RURAL and give nearest town) event, within 72 hours Koma = d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO carbon 3. NAME OF Middle Day Year Lost completely DECEASED nov. 19 60 (Type or print) DEATH · a S. SEX 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 8. DATE OF BIRT 7. MARRIED NEVER MARRIED last birthday) Months Days Haurs and in any WIDOWED 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT MOUSIRYtress ease during most of working life, even if retired) COUNTRY? physicion 5 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME cremation, or removal, Edith Stickles WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. (Yes, no, ar unknown) (If yes give war or dates of service) INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) signed by the burial-tronsit PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) Poge 4 may be retained by the hospital or ottending physicion. DUE TO burial, de Conditions, if ony, which gave rise to immediate cause (a), DUE TO stating the underlying couse os the this certificate has been Dept. of Health prior to WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN AN PART 1(g) use CERTIFICATION YES NO for 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e, PLACE OF INJURY (Hame, farm, 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (City or town) (State) (County) Haur a.m. factory, street, affice blda., etc.) Not While OR ATTENDING at wark 21. I certify that (1) (this hospital) attended the deceased fram 7-30 M, from causes and an the date stoted obove DIRECTOR: 196 sow the deceased olive on and that deoth accurred at 220. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. MED. DIRECTOR M.D. be filed 22c. PHYSICIAN'S 22d_ ADDRESS TO HOSPITAL FUNERAL NAME (Type) HO N Silver Sprin plnou 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify)
Burial Md. Prince George Co. Ft. Lincoln Cem 9 24. FUNERAL DIRECTOR 25g. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Funeral Home VR A15



MARYLAND STATE DEPARTMENT OF HEALTH

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2 1 l	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH 15574
HEALTH DEPT.	1. PLACE DF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
== 0 (+1)	Montgomery Maryland Manyland Montannery
cessary, funeral may be may be artment.	b. CITY DR TDWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town)
the free free state of the free free state of the state o	d. NAME OF HOSPITAL OR INSTITUTION Of not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE
delay and 3 to the Page 5 reports State Depres of the Page 5 reports of the Page 5 repor	HOLY COMES HOSE
	3. NAME OF First Middle Lest 4. DATE Month Day Year
PW.	(Type or print) Clarence Naylor Estep DEATH NOV. 19 19 67
ith. If a form if form if within	MARRIED NEVER MARRIED O. DATE OF BIRTH 9. AGE (III years I FORDER 1 TEAR IF UNDER 24 HKS
er deat ive Pag with 1	10a. USUAL OCCUPATION (Giva kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
fter Give Ig w	during most of working life, even if retired) INDUSTRY Washington D. C. COUNTRY?
ours after 18. Give a along pages 1 in any	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
14 hour liter Office and and in	Benjamin N. Estep 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITYND. 17. INFORMANT
in 24 if in 3's 0's 0's val, a	(Yes, no, or unknown) (If yes give war or dates of service)
within 2 pencil in miner's C permit.	18. CAUSE OF DEATH [Enter only one ceuse per line for (a), (b), and (a).]
in Exam	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Couto Coronary Insufficiency
EXAMINER: This certificate should be executed within 24 hours after death. If the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 4 should be forwarded to the Chief Medical Examiner's Office along with form ur files. ECTOR: Page 3 should be used as a burlal-transit permit. File pages 1 and 2 with designated agent, prior to burial, cremation, or removal, and in any event within	Conditions, If eny, which) DUE TO Continuos continuos of the part of the part
d be Med Med burla	gave rise to immediate
hould ord hief s a s	underlying cause lest. (c)
ficate shou the word o the Chie used as a to burial,	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED?
to t	YES NO X 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)
FR. This certificate, writing forwarded to 3 should be agent, prior	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES NO 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.
te, worwal	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Homa, farm, 20f. (City or town) (State)
NER ifical be fe ge 3	Hour a.m. p.m. 19 While Mork factory, street, office bldg., etc.)
cert cert cert cert ss. : Pa	21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and In my opinion
EXAMINE the certification of the certification of the should be at files.	death resulted from Natural causes , Accident , Suicide , Homicide , Undetermined manner
	ACTUAL SIGNATURE ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 22. DATE SIGNED
TY MEDINE execute Tr. Page d for you RAL DIRE	EXAMINER'S TO DEPLOY NEDICAL EXAMINER X
PPU asse ecto aine UNE Heal	NAME (Type) DELDEN EAD, Modern Street, City, Town, Cornell (City, town or county) (State)
To digital	Surial Nov. 22, 1967 St. Marys Catholic Cem. Bryantown Md.
VR ALSME STA	24. FUNERAL DIRECTOR en Cole 8434 ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
5M 1/65	Warner E. Pumphrey, Inc. Silver Spring, Md. DATE NOV 2 4 1967 Charles Judge

B166 Maryland Decembery Sive spring of the Silver Spring Ci 9 Kenwis Ro-Slavence Name 2 Step - Nev 19 16 1-37-48 74 31 12.U Supple Flumber . CONTRACTOR OF THE PARTY OF THE the second of th BELDEN OF MEARING PORTER SOLLENGERS (PE) Mer a classical line antenza de del Saco Rella La colonica de la resemb

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		15579	CERTIFICATE	OF DEATH	15	575
		PLACE OF DEATH O. COUNTY MOINT GOMER	4 MARYLAND	O. STATE MARYLAN	ceosed lived, if institution: Resident	+gomeRu
		b. CITY OR TOWN (If autside/corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16 8 days	ROCKUIL	porote limits, write RURAL and give	15
70		d. NAME OF HOSPITAL OR INSTITUTION (If not in	haspitol, give street address	d. STREET ADDRESS 802 Bowie	Rd-	e. IS RESIDENCE ON A FARM? YES NO
		NAME OF First DECEASED (Type or print)	Middle UL F	FAHEY OF DEA	1//	Day Year 20 1967
	S.	M	MARRIED NEVER MARRIED 8	1-25- 11	9. AGE (In years IF UNDER Start birthdoy) 7. Months 7. Months	Doys Haurs Min.
h	dur	. USUAL OCCUPATION (Give kind af wark dane ing mast of warking life, even if retired) WHEELLEX CORP.	10b. KIND OF BUSINESS OR INDUSTRY, SALESMAN	11. BIRTHPLACE (County & State, of		UNTRY? USA
	13.	Michael P.	Fakey	14. MOTHER MAIDEN NAME	of mc ya	nn
	1S. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? ss, no, ar unknawn) (If yes give war ar dotes of sei	vice) 71 9-16-3802	Wife where E. Fahey	Address Same as I	Item 2.
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	er line for (o), (b), ond (c).) UREMIA			INTERVAL BETWEEN
		rice to immediate cause (a)	INTERCAPILLARY GLOM	ERULOS CLEROS IS	(Kimmelstiel)	Home years
		stating the underlying cause last. DUE TO	DIABETES MELLITUS	(Long-standing	;)	15/1
1	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTI	RIBUTING TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CONDITION (GIVEN IN PART 1(a)	19. WAS MUTOPSY PERFORMED? YES NO
	MEDICAL CERTIFICATION	20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar	Port II af item 1B.)	
	MEDICA	20c. TIME OF INJURY Month, Day, Year Haur o.m. p.m. 19		E OF INJURY (Home, form, ary, street, affice bldg., etc.)	of. (City ar town) (Cou	unty) (Stote)
		21. I certify that (1) (this hospito saw the deceased alive on		deoth occurred at 5	M, from causes and on th	
		220. SIGNATURE Sourcett	A funder M.D		R PHYS.	TE SIGNED 186
1		22c. PHYSICIAN'S NAME (Type) G. BOWDIT	CH HUNTER, OR.		.Edmonston Di ville, Maryla	/
	230	Burial, (REMATION, REMOVAL (Specify) Burial 11-24-			ilver Spring	(County) (State)

PUMPHREY, Bethesda, Maryland

directar, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban pay shauld be filed with the State Dept. af Health priar ta burial, cremation, or remaval, and in any event, within TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the hospital or attending physician. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely a directar, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban VR A15 (4) 25M 1/67

24. FUNERAL DIRECTOR

after death

24 hours

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MARYLAND STATE DEPARTMENT OF HEALTH 15580 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 15576 death. ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death funeral 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY ONTGOMERS offer MARYLAND b. CITY DR TOWN (If outside corporate limits, c. LENGTH DE STAY IN 16 c. CITY DR TDWN (If outside corporate limits, write RURAL and give neorest town) write RURAL and give neorest tows TORK AKOMA SHUGLEY d. NAME DF HDSPITAL OR INSTITUTION (If not in haspitol, give street oddress) d. STREET ADDRESS IS RESIDENCE ON A FARM? SAN, + HOSPITAL HINGTON 8024 within YES NO 3. NAME OF and campletely f remave carban DATE Month Doy Year DECEASED 11 event, DEATH IF UNOER 24 HRS 7. MARRIED 9. AGE (In years lost birthday) and in any WIDOWED DIVORCED pup 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT lease during most of working life, even if retired) INDUSTRY SALESMAN TATE FURNITURE attending physician permit. Then please 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remaval, BUBESLOVSKY 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, no, or upknown) (If yes give wor or dotes of service HOSPITAL burial, crematian. INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). burial-transit PART I. DEATH WAS CAUSED BY OF EMPHYSEMATOU IMMEDIATE CAUSE (o) attending physician. DUE TO signed Conditions, if ony, which gove HSTAMA, EMPHY SEMA rise to immediate couse (o), FUCTIONING LF. PULMONARY DUE TO stating the underlying couse as the CONDARY TO POST - TUBERCULOUS I HERAPY. WAS AUTOPSY PERFORMED? has PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION State Dept. of Health NO the haspital ar certificate 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Ooy, Year 20d. INJURY OCCURREO 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While be retained by 21. I certify that (I) (this hospital) attended the deceased fram. 1967, that (I) (we) last saw the deceased alive on_www 1967, and that death accurred of AM, fram causes and an the date stated above DIRECTOR: 22a. SIGNATURE 22b. DATE SIGNED M.D PHYS. director, page s 22d. ADORESS 22c. PHYSICIAN'S Page 4 may TO FUNERAL NAME (Type) 23b. OATE THEREOF 23d. LOCATION (City or Town) 24. FUNERAL DIRECTOR

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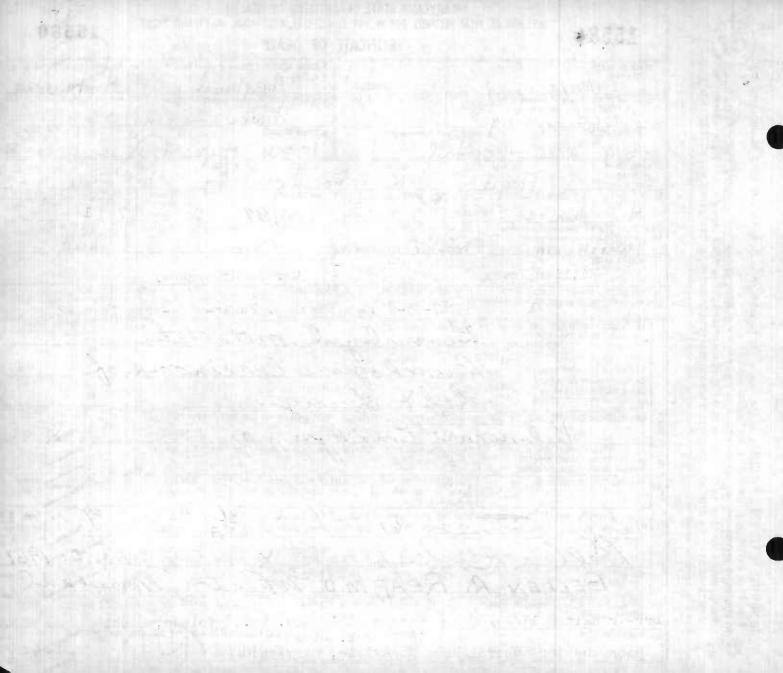
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15582 15578 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE_(Where deceosed lived, if institution: Residence before admission) OSSTATA Poge 9 death MARYLAND delay c. LENGTH OF STAY IN 1b outside corporate limits, write RURAL and give neorest tawn (If outside corporate limits. c CITY OR puo P.M.3 offe ot in hospitol, give street odd d. STREET ADI e. IS RESIDENCE Office along with form ON A FARM? Stote D in Item 18. Give Pages YES NO 24 hours ofter deoth. NAME OF DATE Month Doy Year DECEASED (Type or print) DEATH within with IF UNDER 1 YEAR SEX IF UNDER 7. MARRIED NEVER MARRIED (In years last bythdoy) Months Dovs Hours WIDOWED DIVORCED event 1Db. KIND OF BUSINESS OR OCCUPATION (Give kind of work done life, even if retired INDUSTRY pages I Examiner's pencil 13. FATHER'S NAME be executed within FIE ond 16. SOCIAL SECURITY NO INFORMAN permit. unknown) (If yes give wor or dotes of service removol. 1B. CAUSE OF DEATH (Enter only one couse per lige for (o), (b) INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY 10 IMMEDIATE CAUSE (o) should Word cremotian, DUE TO Conditions, if ony, which gove rise to immediate couse (a), forworded to DUE TO certificote stoting the underlying couse 0 lost. buriol, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPSY PERFORMED? YES the certificate. 0 pe 2Do. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) prior pluods pluods PRIMARY C or CONTRIBUTING C EXAMINER: CAUSE OF DEATH. MEDICAL 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) 20c. TIME OF INJURY Month, Doy, Year (County) (Stote) foctory, street, office bldg., etc.) Your While Not While FUNERAL DIRECTOR: Page pleose execute at work of work or its designoted 21. I certify that I taok charge of the remains described above, held an Autapsy Inspection and in my opinion the funeral director. death resulted from Natural causes Acrident Suicide Undetermined manner be retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER **SIGNATURE** TO DEPUTY DEPULY MEDICAL EXAM EXAMINER'S may Heolth NAME (Type) 230. BURIAL, CREMATION,
BUNGWAL (Selify) 23c. NAME OF SEMPLERY OR CREMATORY DATE THEREOF 23d. LOCATION (City or Town) (County) 0 11-14-67 Garden of Memories New Orleans Louisiana 7557 Wisconsin Bethesda, Md Robert A REGISTRAR'S SIGNATURE Pumphrey VR A15ME (5) DATE 6M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15584 15580 CERTIFICATE OF DEATH 1. PLACE OF DEATH deat 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY o. STATE b. COUNTY MARYLAND OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter oritagomery y the Pages b. CITY OR TOWN (If outside corporate limits. CLENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give negrest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) IS RESIDENCE ON A FARM? d. STREET ADDRESS u. ond in ony event, within 72 filled 0 306 YES NO X NAME OF Middle 4. DATE remove carbon Day Year DECEASED 0F (Type or print) DEATH 19 S SEX 6. COLOR OR RACE 7. MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS NEVER MARRIED last birthday) Months Days Haurs WIDOWED DIVORCED ond 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) physicion of pleose INDUSTRY COUNTRY? MaA Watch man natheering 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME removo William Fouke Carrie McCoughney 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) ((If yes give, wor, or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address OF 287-05-8350 Hazvl G. Fouke-wife-same item 18. CAUSE OF DEATH (Enter only one cause per live to (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN buriol-tronsit ONSET AND DEATH IMMEDIATE CAUSE (a) signed by by the hospitol or offending physicion. DUE TO Conditions, if ony, which gave rise ta immediate cause (a). DUF TO stating the underlying cause the Heolth prior to last 00 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) hos NO After this certificate For 20a. ACCIDENT WAS UNDERLYING 20b. DESPRIBE HOW INJURY OCCURRED. (Exter noture of injury in Part I ar Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Manth, Doy, Year Haur a.m. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) factory, street, affice bldg., etc.) Not While at wark 21. I certify that (I) (this haspital) attended the deceased fram. nov 196/ 1967, that (I) (40) last FO HOSPITAL OR ATTEND Poge 4 moy be retained 20 19 67, and that weath accurred at 85 DIRECTOR: saw the deceased alive an mers M. fram causes and an the date stated above. 22a. SIGNATUR 22b. DATE SIGNED director, poge 3 should be filed v M.D. PHYS DIRECTOR PHYS 22d. ADDRESS 22c PHYS FUNERAL 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION (County) (State) REMOVAL (Specify) Ottawa Hills Mem. 0 24. FUNERAL DIRECTOR 7 ADDRESS Rock. Pike 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 25M 1/67 Tyson Wheeler Funeral Home Rockville, Mary DMh NOV

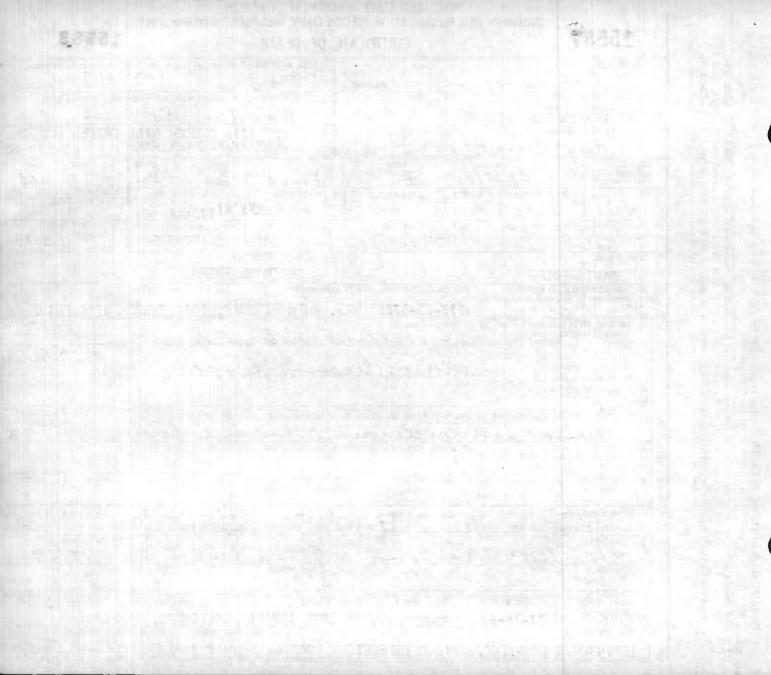


DIVISION OF VITAL RECORDS, 301 W. PRESTON, STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 15585 5581 death. debth. ond PLACE OF DEATH funeral 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) b. COUNTY-MARYLAND **O HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after Page 4 may be retained by the haspital or attending physician. onteromeker CLENGTH OF STAY IN 1b outside corporate limits, write RURAL and give negrest to OR TOWN (U itside corporate limits ive negrest town) 5 m/ N. Med in d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENC ON A FARM? NAME OF Middle DATE Dov Year carban DECEASED (Type or print) DEATH event, S. SEX AGE IF UNDER 1 YEAR IF UNDER 24 HRS B. DATE OF BIRTH (tn years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED remave birthdoy Months Dovs and in any WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during prest of working life, even if retired) INDUSTRY COUNTRY? physician 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME or removal, ugusta. IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, no. arunknown) ((If yes give wor or dates of service) 055-05-5840 crematian, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE (AUSE (o) Myocardial Infarction, posterior wall, recent and by DUE TO (b) coronary arteriosclerosis and coronary thrombosis Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse as the prior ta 19. WAS AUTOPS)
PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) has of Health YES IX NO this certificate Par 20o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, (City or town) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED (County) factory, street, office bldq., etc.) ot work 21. I certify that (I) (this haspital) attended the deceased from 7/00 196/; and that death accurred at 639 M, fram causes and an the date stated above saw the deceased alive an_ 6 22b. DATE SIGNED 220_SIGNATURE STAFF PHYS. 11-7-67 M.D. DIRECTOR be filed 22d. ADDRESS 8218 Wisconsin Ave. PHYSICIAN'S FUNERAL ! BIALEK NAME (Type) Bethesda, Maryland director, should be 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, 23b. DATE THEREOF (Stote) (County) Bull A Specify) 11-8-67 Rockville Cemetery Rockville, Maryland
REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR PUMPHREY, Bethesda, Maryland Milarley Judge

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15587 15583 CERTIFICATE OF DEATH PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY 0 hm MARYLAND b. CITY OR TOWN (If outside corporate limits c. LENGTH OF STAY IN 16 (If outside corporate limits, write RURAL and give nearest town write RURAL and give nearest town) days LVER WXXXXXXXXXXX d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? within 72 Cross YES NO K NAME OF Middle DATE First Last Month Day Year pletely DECEASED arles NOV 1969 (Type or print) 100 DEATH 1 YEAR IF UNDER 24 HRS S. SEX 6. COLOR OR RACE 8 DATE OF SIRTH 9. AGE (In years IF UNDER 7. MARRIED NEVER MARRIED last birthday) Months Days Haurs and in any WIDOWED X DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. 8IRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? attending physician permit. Then please BALTIMORE retired Sales man 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME burial, crematian, ar remaval, GERTRUDE FRIED DAVID FRIED 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO Address permit. (Yes, no, or unknown) (If yes give war ar dates of service MRS. RUTH WISEMAN 217-05-5725A CHURCH HILL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN burial-transit ONSET AND DEATH IMMEDIATE CAUSE (a) signed by DUE TO Conditions, if any, which gave rise to immediate cause (o), DUE TO stoting the underlying couse priar ta as the 19. WAS AUTOPSY PERFORMED? has PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH 8UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) State Dept. af Health NO N this certificate for 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (State) foctory, street, office bldg., etc.) Not While at wark 196.7, that (1) (we) last 21. I certify that (1) (this hospital) attended the deceased from 11 19 67. to O HOSPITAL OR ATTEND Page 4 may be retained 19 67, and that death accurred at 250 PM, from causes and an the date stated above. saw the deceased alive an_ 220. SIGNATURE 22b. DATE SIGNED DIRECTOR PHYS 22d. ADDRESS 22c. PHYSICIAN'S TO FUNERAL NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23a. BURIAL, CREMATION, 23d. LOCATION (City or Town) (County) REMOVAL (Specify) 11-19-67 MMIKRO KODESH BETH ISRAEL BALTIMORE. MARYLAND 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2So. REC'D 8Y REGISTRAR LEVINSON & BROS. INC., 6010 REISTERSTOWN ROAD DATE



uneral and 2 r death.

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death

Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 25M 1/67

10 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completery filled director, page 3 should be detached for use as the burial-transit permit. Then please remave carbon, paped should be filed with the State Dept. of Health prior to burial, crematian, or remaval, and in any event, within 72

MARYLAND STATE DEPARTMENT OF HEALTH

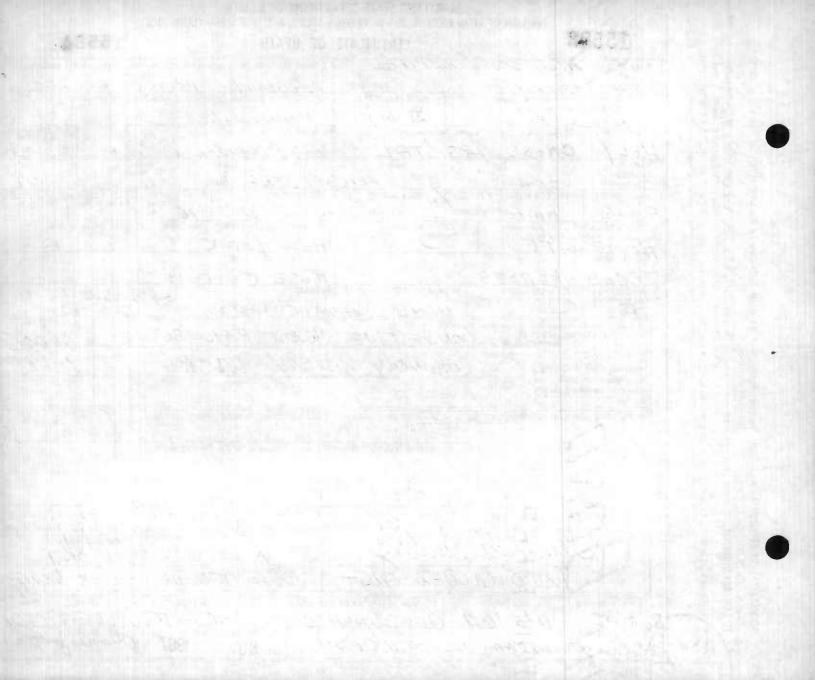
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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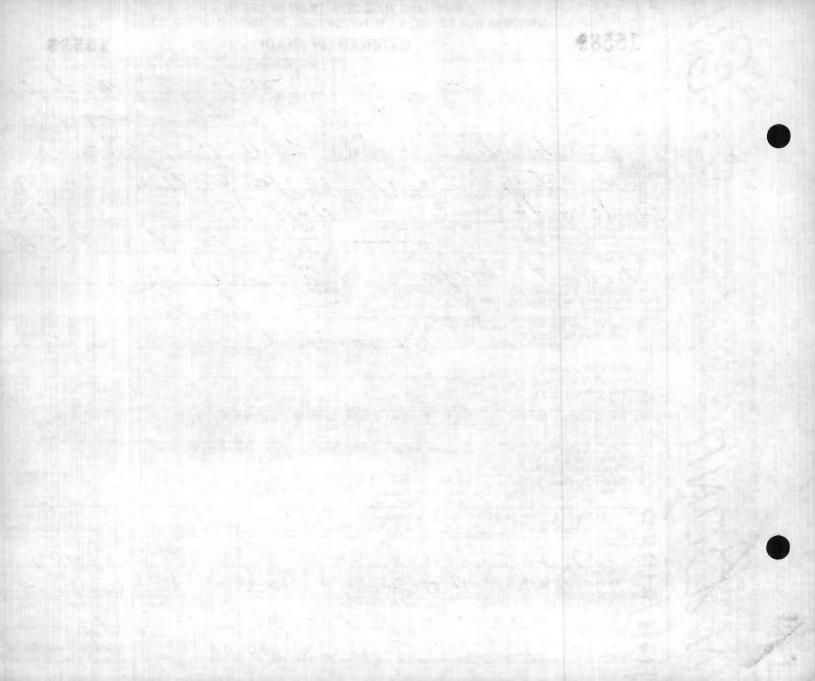
CERTIFICATE OF DEATH

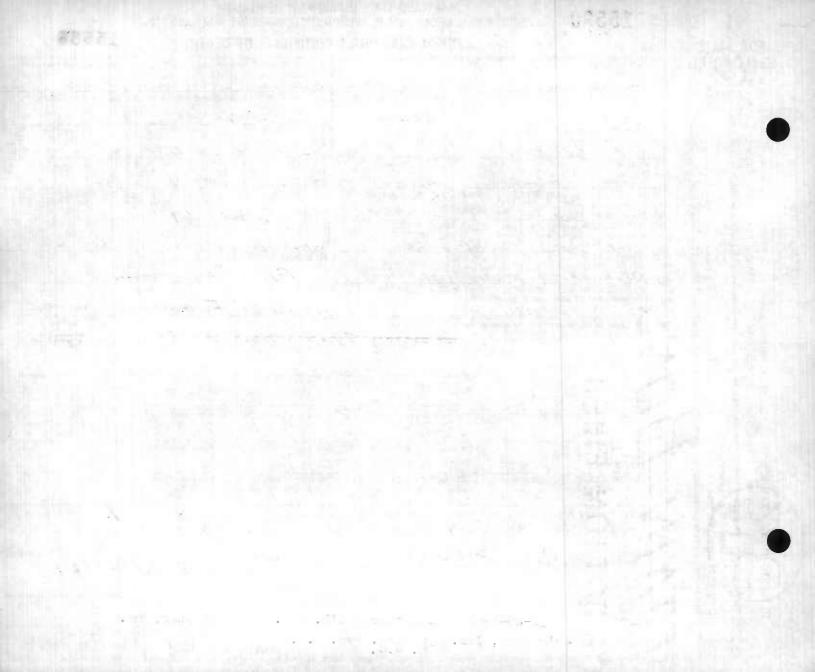
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	8	OR CONTRIBUTING CAUSE OF DEATH						
		(IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year	20d. INJURY OCCURRED 20e. PLAC	TE OF INJURY (Home, form, 20f. (City or town) / (Co	ounty) (Stote)			
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		saw the developed alive on 199, and that death accurred of 320 M, from causes and on the date stoted obove.						
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		Jouverga	M.D.		13/67			
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	23a.	. BURIAL, CREMATION, 23b. DATE THEREO	23c. NAME OF CEMETERY OR C	CREMATORY 23d. LOCATION (City or Town)	(Caunty) (State)			
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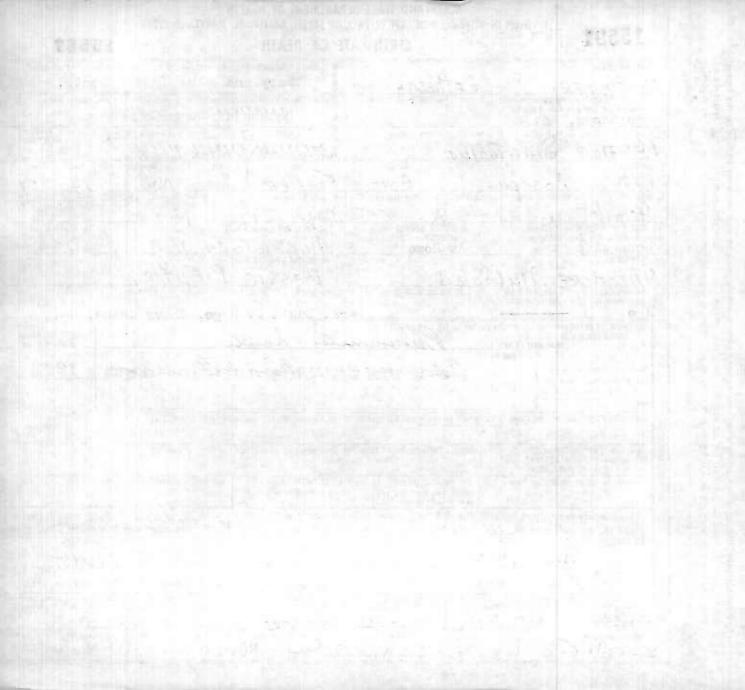


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15589 CERTIFICATE OF DEATH 15585 that the deoth certificate be executed within 24 hours ofter death death the funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission. o. COUNTY by the 10. a. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If autside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN write RURAL and give nearest lawn) hours IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS son paper within 72 ON A FARM? NO Bon NAME OF DATE Day Year completely DECEASED OF DEATH 196 (Type or print) physicion ond complet en pleose remove cor ond in any event IF UNDER TYEAR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF 9. AGE (In years IF UNDER 24 HRS last birthday) Months Days WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & State, or foreign country) during mast af working life, even if retired) INDUSTRY COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or removal, attending phys 17. INFORMANT SOCIAL SECURITY NO 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address (Yes, no, or unknown) (If yes give war ar dates of service cremotion, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) burial-transit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (a) **O HOSPITAL OR ATTENDING PHYSICIAN:** The low requires the Page 4 may be retoined by the hospital or attending physician. DUE TO burial, Conditions, if any, which gave (b) nse ta immediate cause (a), DUE TO stating the underlying cause os the Stote Dept. of Health prior to (c) 19. WAS AU PERFOR PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) YES 5 NO certificote 10 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year Haur a.m. factory, street, affice bldg., etc.) Nat While at wark at work 21. I certify that (1) (this haspital) attended the deceased fram (2) 19 †a ___, that (1) (we) last be filed with the and that death accurred at 9500 M, from causes and an the date stated above DIRECTOR: saw the deceased alive an 22a. SIGNATURE DATE SIGNED 22b. STAFF M.D. DIRECTOR page 22d. ADDRESS 22c. PHYSICIAN'S TO FUNERAL NAME (Type) 00 14 director, should be 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION. 23b. DATE THEREOF (County) (State) REMOVAL (Specify) 22-6 ADDRESS FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 25M 1/67





MARYLAND STATE DEPARTMENT OF HEALTH



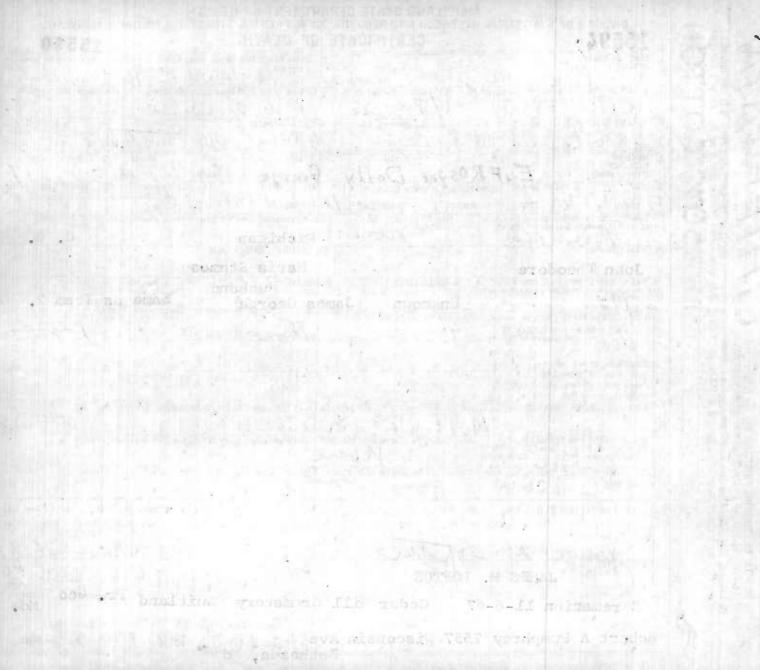
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 5592 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REALTH DEPT. PLACE OF DEATH
a. COUNTY Montgomery USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) Maryland a. STATE Maryland b. COUNTY Montgomery Department af MARYLAND c. CITY OR TDWN (If autside corparate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b Brookville P.M3 write RURAL and give pearest town in d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) 19923 Zion Rd. e. IS RESIDENC ON A FARM 68 Holy Cross Hospital NOX 3. NAME OF 4. DATE November Office alang with Middle Year 7 S. Gant Howard DECEASED 19 DEATH (Type or print) UNDER 24 HRS 6. COLOR OR RACE Negro IF UNDER 1 YEAR 8. DATE OF BIRTH 9. AGE (In years 7 MARRIED NEVER MARRIED Male Manths birthday) Aug. 17 1921 WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign cauntry) 12. CITIZEN OF WHAT 10a, USUAL OCCUPATION (Give kind of work done COUNTRY TISA Bring Port of working life over the tired ce School Montgomery Md. event within 72 haurs after Co. certificate, writing the ward "pending" in pencir in 13. FATHER'S NAME 14. MDTHER'S MAIDEN NAME This certificate should be executed within Malinda Diggs Thomas Gant Address WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes/rac, & unknown) (If yes give wor or dates of service) INTERVAL BETWEEN CAUSE OF DEATH (Enter anly one cause per line for (a), (b), PART I. DEATH WAS CAUSED BY: burial-transit ONSET AND DEATH IMMEDIATE CAUSE DUE TO any Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause SD PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS remaval be 20a. EXTERNAL CAUSE WAS PRIMARY DX or CONTRIBUTING ☐ CAUSE OF DEATH. 3 shauld 20c. TIME OF INJURY Manth, Day, Year While Nat While at wark may be retained far yaur FUNERAL DIRECTOR: Page 21. I certify that I taak charge of the remains described above, held an Autapsy death resulted 10m: Natural causes Accident Suicide [Undetermined manner Hamicide CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER prior SIGNATURE Health 23d. LOCATION (City or Town) 23b. DATE THEREOF 0 MT. ZION, MONTG. MD. 11/15/67 25o. REC'D BY REGISTRAR VR A15ME (5) DATE NOV

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5	£ 750 £	25592 CERTIFICATE OF DEATH
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	and Mark	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) a. STATE MARYLAND b. COUNTY MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
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	y the sit	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ONSET AND DEATH
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		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTION CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTION CAUSE
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	DING PI ed by th After t d be de e State	p.m. 19 at work at work 21. I certify that (I) (this hespital) attended the deceased from 10/23, 1967 to 11/249 that (I) (we) last
	OR ATTENDI be retained irector: A e 3 should ed with the S	saw the deceased alive on 10/1 1967, and that death occurred at 5.3540 from the causes and on the date stated above.
4	OR A be re be re 3 ge 3 ed wi	22a. SIGNATURE CATTERNOLING MED. STAFF 22b. DATE SIGNED M.D. ATTENDING MED. STAFF PHYS. 1) / 2 / (27)
	may may RAL r, page fill be fill	22c. PHYSICIAN'S NAME (Type) Arthur 2 Wilets
	Page 4 O FUNE directo should	3a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
	7 7	Burial November 6 Easton Cemetery 1252 RECIDENTERS SIGNATURE
	VR AI5 (4)	1. B. Thomas dent flories 8434 Georgia Ave. DATE STON 9: 1967 Milanda Judge
	20M 1/65	William C. Pumphing, Jac. Saaren chilaren, 1900 8 1900 B

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		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYI	LAND
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Ch	n within	3. NAME OF DECEASED (Type or print) EUFROSYNE DOLLY George DEATH November 6	Year 19 6 7
13	aw requires that the death certificate be executed within 24 h ttending physician. has been signed by the attending physician and completely filled as the burial-transit permit. Then please remove carbon papers prior to burial, cremation, or removal, and in any event, within 72	Fe Male White Woowed OIVORGED December 18, 1918 9. AGE (In years FUNDER 1 YEAR) Months Oays	Hours Min.
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•	R ATT B ret SECT 3 sl with	226. SIGNATURE 22b. DATE SIG	
	TO HOSPITAL OR ATTENDING Page 4 may be retained by t TO FUNERAL DIRECTOR: After director, page 3 should be should be filed with the State	22c. PHYSICIAN'S NAME (Type) JAMES M. LOFTUS ATTENOING MEO. STAFF OIR OIR OF PHYS. D. Moreum	~ 6.126
	Page 4 may TO FUNERAL I director, pag should be fill	23a. BURIAL, CREMATION, 23b. DATE THEREOE 23c NAME OF CEMETERY OF CREMATORY 23d SUPERIOR CONTROL CONTR	O (State)
	D	24. FUNERAL OIRECTOR AOORESS 25a. REG'O BY REGISTRAR 25b. REGISTRAR'S SIGN.	
	VR A15 (4)	Robert A Pumphrey 7557 Wisconsin Ave DATE NOV 9 1967 generals	Judge
	20M 1/65	Bethesda, Md	0



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

24 hours

within

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The law requires that the death certificate be executed

d HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital ar attending physician.

has

certificate

DIRECTOR:

TO FUNERAL

15595 CERTIFICATE OF DEATH 15591 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) b. COUNTY o. COUNTY o. STATE Montgomery MARYLAND Maryland Montgomery c. CITY OR TOWN (If autside carparote limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town davs Silver Spring d. STREET ADDRESS IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital, give street address) and in any event, within 72 Montgomery General Hospital II06 Ednor Road YES NO TY NAME OF Middle Lost 4. DATE First Month Year bon DECEASED (Type or print) Earl Leo George DEATH November remave car IF UNDER 1 YEAR B. DATE OF BIRTH 9. AGE (In years IF UNDER 24 HRS. SEX 6. COLOR OR RACE 7. MARRIET NEVER MARRIED lost birthdoy) Male White WIDOWED K DIVORCED I/I3/88 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 1Do. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & State, or foreign country) physician a during most of working life, eyen if retired) COUNTRY? Post office Wisconsin U.S.A 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME burial, crematian, or remaval, attending phys Benjamin B. George Mary Atkins 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dotes of service Medical Records No 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: signed by the burial-transit IMMEDIATE CAUSE (o' AEHOERHAGE Conditions, if ony, which gove rise to immediate couse (o). DUF TO stoting the underlying couse RTERIOSCIECOTK VASCULAR DISEASE prached far use as the Dept. af Health priar to PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPS PERFORMED? PONCHO PNEUHONIA YES NO 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 2Dd. INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year Hour o.m. foctory, street, office bldg., etc.) Not While pe I certify that (1) this haspital) attended the deceased fram. 3 shauld with the 1%7, and that death accurred at TOZOAM, fram causes and an the date stated above. the deceased alive an 220 SIGNATURE 22b. STAFF PHYS. DIRECTOR director, page 3 should be filed v M.D. PHYS 22d. ADDRESS PHYSICIAN'S NAME (Type) Donald Lewis. Ma. Cloverly Road, Silver Spring, Md. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF 23o. BURIAL, CREMATION, (County) REMOYAL (Specify) .Lincoln Cem. Commar Manor Mt. Rai nier 250. REC'D BY REGISTRAR Funeral ADDRESS VR A15 (4) 25M 1/67 Marylan d Inc. Home

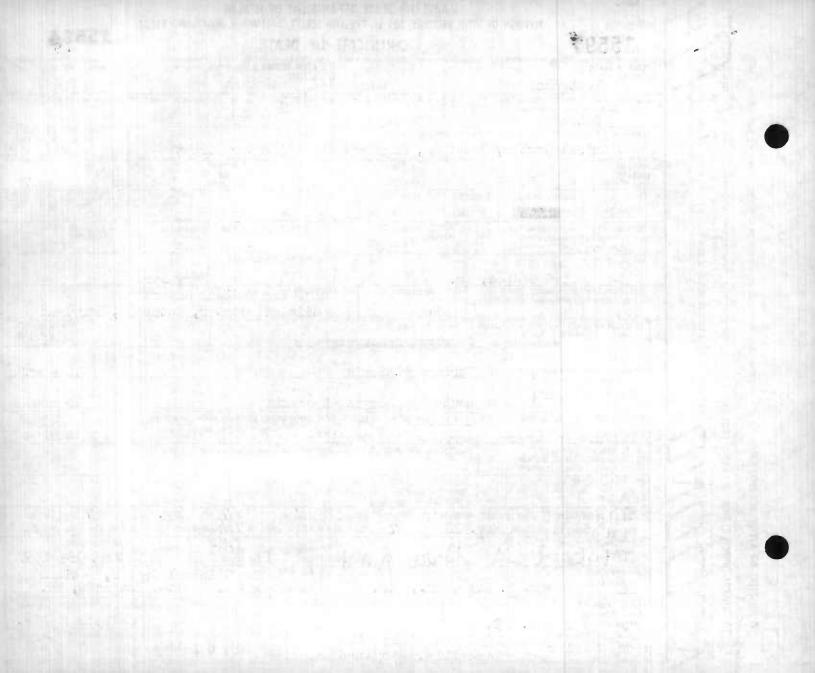
DSSOR - Street Continue to the Street of the 18584 DREMIA PUD FOLMORRY EDEMA & DAYS CEREBEAL STEHDER LEFT 4 DAYS ARTERIOSCIE COTIC VASCULAR DISERSE 20 /ES TERONOHO PUEUNOUIA - TERMINAL 40000 CA 11-14 ES O

/ 1	Items 18 & 21 Film #395 MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATES	15598 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 15598	592
HEALTH DEPT	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution; Residence	holoro admission)
of ge to 5:	a COUNTY MONT GOMERY MARYLAND O. STATE MARYLAND b. COUNTY MON	ITGOMERY
delay and 3 M3. Pag	b. CITY OR TOWN (If outside corporate limits, write RURAL and give with RURAL and give news); town	neorest town)
A a load	d, NAME_DF HDSPITAL DR INSTITUTION (If not in hospital, give Street of Uress) d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
form 7/	Mashington Sanitarium + Hospital 17903 Garland Ave.	YES NO X
within 24 haurs after death. If any delay in pencil in Item 18. Give Pages 1, 2, and 3 Examiner's Office along with form. PM3. Pa File pages land 2 with the State Department 2 haurs after death.	3. NAME OF DECEASED (Type or print) William Henry Gittings DEATH November	Doy Year 15, 1962
I within 24 haurs after dea n pencil in Item 18. Give Po Examiner's Office along with File pages land2 with the S haurs after death.	S. SEX 6. CDLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE DF BIRCH 9. AGE (In years IF UNDER 1)	YEAR IF UNDER 24 HRS. Doys Hours Min.
haurs Item 18 Office o I and 2 v	Male Mite WIDOWED DIVORCED 11-23-85 8/ yrs.	ZEN OF WHAT
within 24 haurs c pencil in Item 18 xaminer's Office a ile pages land 2 w haurs after death.		NTRY? W.SA_
thin thin in i	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME	
d within in pencil Examine File pag	15. WAS DECEASED EVER IN U.S. ARMED FORCES J. 16. SOCIAL SECURITY NO. 17. INFORMANT Address	
0	(Yes, no, or unknown) (If yes give wor or dotes of service) (Yes, no, or unknown) (If yes give wor or dotes of service) (Yes, no, or unknown) (If yes give wor or dotes of service) (Yes, no, or unknown) (If yes give wor or dotes of service)	
be execute "pending" iief Medical insit permit	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
	IMMEDIATE CAUSE (o) ACUTE COTOMARY INFOMOSES	
te shoul the war ta the burial- in any	(conditions, if ony, which gove) (b) Arteriosclerotic Heart Disease	
certificate should writing the ward rwarded ta the Ct sed as a burial-tra val, and in any ev	rise to immediate cause (a), stating the underlying cause DUE TO	3
rificat riting arded d as a	last. (c)	19. WAS AUTOPSY
This certificate should cate, writing the ward be farwarded to the Ct I be used as a burial-tre remaval, and in any ev	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)	PERFORMED?
# _ D L	20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) PRIMARY OF OF DEATH.	
EXAMINER: cute the certificage 4 should your files. Page 3 should cremation, ar	20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. p.m. 19 20d. INJURY DCCURRED 20e. PLACE OF INJURY (Home, form, foctory, street, office bidg., etc.)	ty) (Stote)
L EXA kecute Page far yau NR:Pag	21. I certify that I took charge of the remains described obove, held an Autopsy , Inspection , Inquiry	ond in my opinian
se exector. Professional for ECTOR. burial,	deoth resulted from: Notural couses , Accident , Suicide , Homicide , Undetermined monner	
MED Net of the control of the contro	ACTUAL CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED
MAN KAI	EXAMINER'S 73 DISCOURTS OF THE PROPERTY OF THE	16 1967
TO DEPUTY necessary, the funeral 5 may be TO FUNERAL Health price	NAME (Type) 2 E LD LA LOCATION (CITY OF TOWN)	(Stote)
5 = = 0 = J	BURIAL NOV. 18, 1967 CEOAR HILL GEM SUITLAND MD.	
VR A15ME (5)	24. FUNERAL DIRECTOR ADDRESS 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIG	NATURE
ON 17 07	WW CHAMBERS CO KIVERDALE, MD DATE NOV 20 1961 June	0 0

STREET CONTROL OF THE PROPERTY THE BUILD THE STATE OF STATE OF THE WAS DO NOT

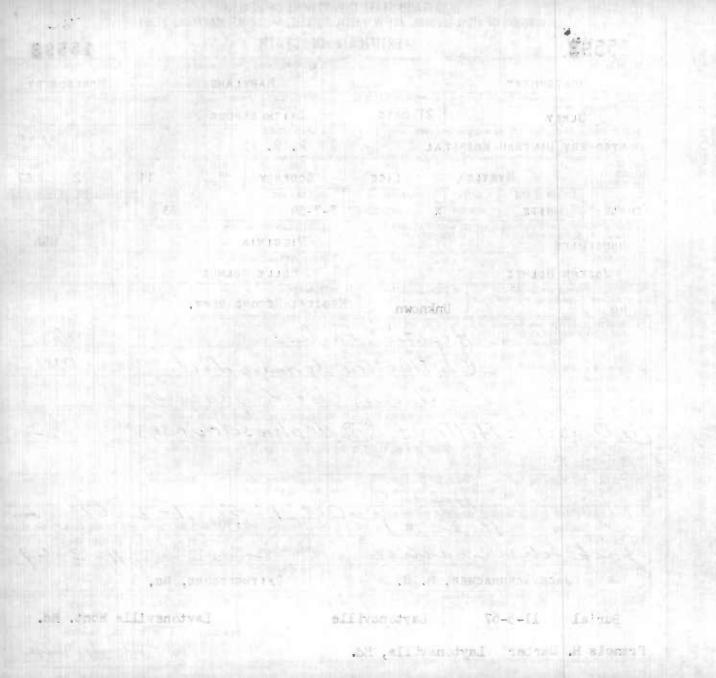
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

(M)			1559	7		CERTI	FICATE	OF	DEATH			J.	222	1	
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by the f		P	b. CITY OR TOWN (write RURAL and	If autside carparate limit d give nearest town)	S,	c. LENGTH OF STAY	r IN 1b	c. CITY (`	,	orate limits, write R	RURAL ond gi	ve neorest	town)	
hin 24 haur filled in by papers. F	0		d. NAME OF HOSPIT	thesda at or institution (if n					Weave et address				е	IS RESID ON A FA	
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ecuted with campletely f ave carban y event, wit			NAME OF DECEASED (Type or print)	Dougl	rst Las	Middle Loyd			lost lbee	4. DATE OF DEAT		ember	Day 18	Yea 196	
campl nave c		S.	Male Male	6. COLOR OR RACE White	7. MARRIED WIDOWED	NEVER MARR		DATE O	FBIRTH Oril 194	35	9. AGE (In years last birthday)	Months Months	Days	IF UNDER Haurs	24 HRS Min.
icate be executed within 24 haurs aft sicion and campletely filled in by the please remave carban papers. Paggs II, and in any event, within 72 haurs-aft		10c	ing most of working	I (Give kind af wark dane life, even if retired)	10b. KI	ND OF BUSINESS OR DUSTRY			THPLACE (County	& State, ar	fareign country)	12. 0	ITIZEN OF OUNTRY?		
rtificate b physician en please oval, and i		13.	Studen:	<u> </u>	1	None		14. MOT	THER'S MAIDEN	ance_				USA	
th certifi ding phy . Then remova				Loyd Godbe	ee. Jr.						Mary Lor	b'd			
attending permit. The		15.	WAS DECEASED EVE	R IN U.S. ARMED FORCES? (If yes give war or dotes		SOCIAL SECURITY NO.	. 17. IN	FORMAN	The Me		l Record		Y.		
attendi permit. ion, or r		("	No No	(ii yes give wai oi doles i	OI SELVICE)	None					er, Bethe		Maryl	and	
requires that the death certificate be executed within 24 haurs after death 3 physician. I signed by the attending physician and campletely filled in by the funetal is burial-transit permit. Then please remave carban papers. Pages 1 and 6 burial, crematian, ar removal, and in any event, within 72 hours after death			18. CAUSE OF DI PART 1. DEA 2043 Conditions, if any	EATH (Enter anly ane car IH WAS CAUSED BY: IMMEDIATE CAUSE DUE	(a) <u>Cere</u>	ebral Hem		9					imm	RVAL BETV ET AND DI edia	te te
ending phy ending phy s been sign as the buri			rise to immediat stating the unde last.	e cause (a), (TO	ombocytop te Lympho		Leuk	emia					mon	
The off	1	NOIL		GNIFICANT CONDITIONS C Pulmonary						IDITION G	IVEN IN PART 1(a)			WAS AUTO PERFORME S X	PSY D?
PHYSICIAN: e haspital or his certificate stached far u		L CERTIFICATION	20g. ACCIDENT WA	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DE	SCRIBE HOW INJURY	OCCURRED. (E	atas nter natu	ure of injury in	Part I ar P	Part II af item 18.)				
te da +		MEDICAL	Hour o.r	n. 19	While at wark	at wark	factor	y, street,	JRY (Hame, farm affice bldg., etc.)				ounty)		itate)
= 77 77 8			sow the de	fy that (X) (this hose ceased alive an	pital) attend Nov • 18	ded the decease	d framN , and that	lay death	4, 1 accurred at	9 <u>67</u> 7:40	ta <u>Nov.</u> M, from cause	s ond on	the date	stoted	ve) lo obov
AL OR ATTEN y be retained L DIRECTOR: age 3 should filed with the			22a. SIGNATURE	sept >	1. 10	naw ()	Mho.	PHYS.		MED. DIRECTOR		X Nov	ATE SIGNE	, 196	
TO HOSPITAL OR Page 4 may be re TO FUNERAL DIREC director, page 3 should be filed will	- 1		22c. PHYSICIAN'S NAME (Type	Robert G.	Graw,			Ins	stitute	e Cli s of	nical Ce Health,	Bethe	Nati sda,	onal Md.	
FUN FUN Fun	34	230	REMOVAL (Specify)		23c. NAME OF CE	METERY OR CR	EMATOR	Y	23d.	LOCATION (City or		(County)	,	ote)
5 5 5 p.		2/	itemova 1	Nov. 1	9, 196	1	7) 1 1		2So. REC'I	BY REGIS	STRAR 256.	Calh REGISTRAR'S			a.
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1		15598	2		CERTIF	ICATE	OF DEATH			155	593
Ī		LACE OF DEATH . COUNTY	ONTGOMERY		MAR'	YLAND	2. USUAL RESIDENCE () o. STATE MARY	Where deceased lived, i	f institution: Res b. COUNTY		odmission)
		write RURAL and g	LNEY		c. LENGTH OF STAY		GAITHERS		write RURAL ond		15-1
69	d		OR INSTITUTION (If not				R. D. #2	2			IS RESIDENCE ON A FARM? ES NO
3	0	IAME OF ECEASED (ype or print)	First MYR	TLE	Middle ALICE		GODFREY	4. DATE OF DEATH	Month	Doy 2	Year 19 67
		EMALE	WHITE	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED		DATE OF BIRTH -7-84	9. AGE (In lost birt	yeors IF UN bdoy) Mont yrs.		Hours Min.
d:	0o. Iurir	USUAL OCCUPATION (G ng most of working life HOUSEW I	ive kind of work done o, even if retired)		ND OF BUSINESS OR DUSTRY		11. BIRTHPLACE (County VIRGINIA		ry) 12	COUNTRY?	USA
			H HOLMES				4. MOTHER'S MAIDEN I				
1	IS. (Yes	WAS DECEASED EVER II , no, or unknown) (If	N U.S. ARMED FORCES? Yes give wor or dotes of s	service) 16. S	ocial security no.		ORMANT DICAL RECOR	DEPT.	Address		
		1B. CAUSE OF DEAT PART I. DEATH	TH (Enter only one couse WAS CAUSED BY: IMMEDIATE CAUSE (o	+	(o), (b), ond (c).)	Fai	lure				RVAL BETWEEN
		Conditions, if ony, w		01	structi	ion,	Compien	duct		n	105.
		stoting the underlyi	ing couse DUE IC	, Ca	reinon		head	ponere			?
NOITA	ALION		ificant conditions con			ATED TO THE		IDITION GIVEN IN PART		P	VAS AUTOPSY PERFORMED?
CEPTIFICATION	- 1	2Do. ACCIDENT WAS UP OR CONTRIBUTING (IF EITHER, NOTIFY ME	CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY O	CCURRED. (En	ter noture of injury in	Port I or Port II of item	18.)		
MEDICAL	MEDICA	20c. TIME OF INJURY Hour o.m. p.m.	Month, Doy, Year	2Dd. IN While of work	JURY OCCURRED Not While of work		OF INJURY (Home, form, street, office bldg., etc.)		town)	(County)	(Stote)
			that (1) (this haspi	tal) attend	ed the deceased	fram O	eath accurred at	96 ta // -	auses and a	n the date	t (I) (we) l a stated abav
		226 SIGNATURE	Schu	me	uller	M.D.		MED. STA		DATE SIGNED	
1		NAME (Type)	JACK SCHUM	ACHER,				IER SBURG,	10.		
2	30.	BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE THER		23c. NAME OF CEM		MATORY	23d. LOCATION (C	ity or Town)	(County)	(Stote)
		FUNERAL DIRECTOR			ADDRESS			BY REGISTRAR	2Sb. REGISTRAI		



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15595

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certiticate be executed within 24 hours after death.		TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral	it permit. Then please remove corbon papers. Pages 1 and 2	lation, or removol, and in ony event, within 72 hour, ofter death.	
ures that	ysician.	ned by t	rial-trons	rial, crem	
aw requ	ding ph	been sig	the bu	or to bu	
: The	or offer	te hos	use o	alth pr	
PHYSICIAN	he hospitol	this certifica	letoched for	9 Dept. of He	
ATTENDING	Poge 4 moy be retained by the hospitol or ottending physician.	ECTOR: After	should be c	with the State	
OSPITAL OR	e 4 moy be	UNERAL DIRE	ector, poge 3	uld be filed v	
H OL	Pog	TO FI	dire	sho	

VR A15 (4) 25M 1/67

200		CERTIF	ICATE OF	DEATH					
1. PLACE OF DEATH o. COUNTY Montgome		MAP	0.5	JAL RESIDENCE (W	here decease	b. COU	NTY		lmissian)
b. CITY OR TOWN	(If autside carparote limits, nd give nearest tawn)	c. LENGTH OF STAY	I IVICA	aryland. Montgomery ITY OR TOWN (If outside carparate limits, write RURAL and give nearest town)					
Takoma I		hanital aire stood address	Si	Luer Spr	ing_			,	RESIDENCE
	ton Sanitarium			07 Grubb	Road			YES	N A FARM?
3. NAME OF DECEASED	First	Middle	11 00	Lost	4. DATE OF	Man	th	Day	Year
(Type ar print) S. SEX	ALFRED 6. COLOR OR RACE 7.) MARRIED 🔀 NEVER MARRIEI		OF BIRTH	DEATH 9.	Novemb AGE (In years	IF UNDER		19 67 UNDER 24 HRS.
Male	White V	VIDOWED DIVORCE	- Iviau	21. 187	8	last birthdoy) 89 yrs.	Months	Days H	laurs Min.
10a. USUAL OCCUPATIO during mast af workin	ON (Give kind of work done ag life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11.81	RTHPLACE (County 8 Austri		eign cauntry)	CC	TIZEN OF WE OUNTRY? USA	TAT
13. FATHER'S NAME			14. M	OTHER'S MAIDEN N					
Unkno			1 17 11/2001	Unknown	2				
(Yes, no, or unknown	VER IN U.S. ARMED FORCES? (If yes give war ar dates af ser	vice) $16.$ SOCIAL SECURITY NO. $502-46-7358A$	Leon W	einraub		Addr 1107 Dal			pring ilver
IB. CAUSE OF PART I. DE	DEATH (Enter only one couse p ATH WAS CAUSED BY: IMMEDIATE CAUSE (o) _	er line for (o), (b), and (c).)	ebeur					INTERVA ONSET	AL BETWEEN AND DEATH
Canditians, if an	ote couse (o),	ASCVO						ye.	a/5.
stating the und	derlying couse (c)								
PART II. OTHER	SIGNIFICANT CONDITIONS CONTR	RIBUTING TO DEATH BUT NOT REL	ATED TO THE TERM	IINAL DISEASE CON	DITION GIVE	N IN PART I(a)		19. WA PER YES	S AUTOPSY REORMED?
OR CONTRIBUTIN	AS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY O	CCURRED. (Enter no	iture of injury in P	ort I or Port	II of item 18.)			
Hour o	IJURY Month, Doy, Yeor o.m. 19	20d. INJURY OCCURRED While Not While of work		JURY (Home, form, et, affice bldg., etc.)		(City or town)	(Co	unty)	(Stote)
21. I cert	tify that (1) (this hospita	I) attended the deceased	fram Od.	, 19	966 10	NOV.		<u>67,</u> that	(1) (we) last
saw the	deceased alive an No	1967	and that death	accurred at A	6:48 MM	, fram causes		he dote s	tated above.
220. SIGNATOR	Mai &	Ruseal	M.D. PHY	rs.	MED. DIRECTOR	STAFF PHYS.			2. 196
22c. PHYSICIAN NAME (Typ		neider, MD		d. ADDRESS 11 Silve	r Spr	ing Ave.			
230. BURIAL, CREMAT REMOVAL (Speci Burial		F 23c. NAME OF CEM King Davi				CATION (City or To		(County)	(State)
24. FUNERAL DIRECT		tein ADDRESS 23	2 Carrol	Z 2So. REC'D	BY REGISTR.	AR 2Sb. R	EGISTRAR'S	GIGNATURE	
Hohman A		al Home Wash	DC 200	79 DATE NI	11/ G	1967	Ocho	rea &	udge

15600

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

15596

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	PLACE OF DEATH		2. USUAL RESIDENCE (When			odmission)
	O. COUNTY MONTGOMERY	* MARYLAND	a. STATE MAPUL	4 ALD b. COUNT	Dringe	GENTRE
-	b. CITY OR TOWN (If autside carparate limits.	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If autside	carparate limits, write RUR/	AL and give negrest	
	write RURAL and give negrest town)	141	11 11	11 11	3	1/
_	TAICOMA PARIC	11 days	Hyattsul	11e, Md.		IC DESIDENCE
	d. NAME OF HOSPITAL OR INSTITUTION (If not in has	offal, give street address)	d. STREET ADDRESS	A	9	ON A FARM?
1	NASHINGTON SAN & F	Nospital	6000 415+	Avenue	Y	res NO IP
	NAME OF First	Middle	Lost 4.	DATE Manth	Day	Year
	DECEASED (Type or print)	GRACE. G	PODDPASTURE	OF DEATH	11	1969
•	SEX 6. COLOR OR RACE 7. MAR		B. DATE OF BIRTH	9. AGE (In years		IF UNDER 24 HRS.
	FEMALE WHITE, WIDO		17-70-97	last birthday)	Manths Days	Hours Min.
	I CHINAGE TOTAL	Ob. KIND OF BUSINESS OR	11. BIRTHPLACE (County & Sto		12. CITIZEN OF	WHAT
ľ	ing most of working life, even if retired)	INDUSTRY .	11. Bikilii Dice (cooling & sic	te, ar lareign coom ()	12. CITIZEN OF COUNTRY?	150
	winer - RETIRED	Kestaurant		ia	1	<u>C.J.H.</u>
	FATHER'S NAME		14. MOTHER'S MAIDEN NAME			
	CAROOL GOODPA:	STURE	Eda Si	chreibner		
	WAS DECEASED EVER IN U.S. ARMED FORCES?		INFORMANT A 91		4002 Nic	holson S
16	es, no, or unknawn) (If yes give war or dates af service)	577-22-8640	TOWNS VEYO	0 popococo bolico	CORNEX.	110 Md.
	1B. CAUSE OF DEATH (Enter only one cause per li				INTE	RVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:		D			ET AND DEATH
	IMMEDIATE CAUSE (a)	Septicemia.	- preumonie		3	-6 days
	DUE TO					
	Canditions, if any, which gave (b)					
	stating the underlying cause DUE TO	· · ·			(- 8 mond
	last.	Lupus Esystem	ateon			- 5 Mond
,	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBU	TING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITI	ON GIVEN IN PART 1(a)	19.	WAS AUTOPSY PERFORMED?
CENTILICATION OF						S NO
	20o. ACCIDENT WAS UNDERLYING 2	Ob. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Part	I ar Part II of item 18.)		<u> </u>
	OR CONTRIBUTING CAUSE OF DEATH					
	(IF EITHER, NOTIFY MEDICAL EXAMINER)	DOL IN HID V OCCUPATO	CT OF INJURY (U)	206 (City on Any -1	(County)	(54-4-3
The state of the s	The state of the s		CE OF INJURY (Home, farm, ory, street, office bldg., etc.)	20f. (City or tawn)	(County)	(State)
Ì	10	at work at work				
	21. I certify that (1) (this hospital) o	ittended the deceosed from	May , 19 &	18, to NOV 1	1, 1967, the	ot (I) (we) lost
	saw the deceased alive on Nov	-10 1967, and tha	t death accurred at	JAM, fram causes of	ind an the dote	stated above.
	22a. SIGNATURE				22b. DATE SIGNE	
	Tolock)	M.I	D. PHYS. MED	CTOR STAFF	11-11-	17
l	22c. PHYSICIAN'S		22d. ADDRESS	1113.		9 /
	NAME (Type) ROBERT B	IREY	11161 New	Hampshire A	us Silver	- Spra
		23c. NAME OF CEMETERY OR			(1)	(61-1-1)
16	n. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	101010		23d. LOCATION (City or Tow	(County)	(Stote)
	Burial Nov. 13. 19	167 Rock Creek C		Vashington, I). (.	
24	FUNDRAL DIRECTOR MAD , DB Thomas	8434 Georgia Al	2Sa. REC'D BY		GISTRAR'S SIGNATURE	Ė
10	tirner & Pumphrey Inc.	Silver Spring.	Md. DATENOV	1 5 1967 20	Marley &	udge.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by The funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with the State Dept. at Health priar ta burial, crematian, ar remaval, and in any event, within 72 hours after death VR A15 (4) 25M 1/67

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15601 CERTIFICATE OF DEATH 15597 OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH b. COUNTY Montgomery a. COUNTY Montgomery o. STATE MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest tawn) write RURAL and give meanast town) Washington D. C. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS 6677 Mac Arthur Blvd 6677 Mac Arthur Blvd YES and in any event, within 3. NAME OF Middle 4. DATE Last remave carban Month Day Year DECEASED Mr. Christopher Granger 7707 (Type or print) DEATH 19 AGE (In years IF UNDER IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED B. DATE OF BIRTH NEVER MARRIED Manths last birthday) Days Haurs WIDOWED 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT physician on please INDUSTRY Mich COUNTRY? USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME burial, crematian, or removal, Helena Mabley George F. Granger 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. (Yes, negrocunknown) (If yes, give war or dates of service) 579-60-2364 Stephen I. Granger Son Purcellville, Va. INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: burial-transit PONSET AND DEATH IMMEDIATE CAUSE (a) signed by **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the hospital or attending physician. DUE TO Conditions, if ony, which gave (b) rise to immediate cause (a), DUE TO stating the underlying couse as the 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) CERTIFICATION NO certificate far 20g. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year Not While Haur a.m. factory, street, office bldg., etc.) at work 21. I certify that (1) (this haspital) attended the deceased from 1967, that (1) (we) lost saw the deceased alive an TEV 1967, and that death occurred at 11.35.4M, from couses and an the date stated above O FUNERAL DIRECTOR: 22o. SIGNATURE MED. DIRECTOR director, page 3 should be filed v M.D. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 200 23a. BURIAL, CREMATION 23d. LOCATION (City or Town) (County) (Stote) ("ROMATORY CEDAR HILL MARYIAND 24. FUNERAL DIRECTOR Son's INC. WASH, D.C. CS. GAWLER DATE

. 113 TREES

1	Items 18-21 Film 395 MARYLAND STATE DEPARTMENT OF HEALTH 12-13-67 ams DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	15602 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	8
TEALTH DEPT	1. PLACE OF DEATH o. COUNTY MARYLAND D. CITY OR TOWN (If autside carporate limits, c. LENGTH OF STAY IN 1b) C. CITY OR TOWN (If autside carporate limits, write ROKAL and give nearest	admission)
2, and 3 to PM3. Page	6. CITY OR TOWN (If autside carparate limits, write RURAL and give nodrest write RURAL and give nearest tawn) Silver Spring C. LENGTH OF STAY IN 1b Silver Spring	tawn) / 5 / IS RESIDENCE
oth. If ony oges 1, 2, ith form P State Depo	2013 Edgewater PARKWay 2013 Edge water PARKWay Y	ON A FARM? YES NO Year
8. Give Following with the	last bightday) Manths Days	19 6 7 IF UNDER 24 HRS Haurs Min.
pencil in Item 18. Give P Exominer's Office olong wi File pages 1 ond 2 with the Pours ofter death.	MALE Wh. te WIDOWED DIVORCED 1 - 2 46 yrs. 10a. USUAL OCCUPATION (Give kind of work dane during mast of working life, even if retired) 10b. KIND OF BUSINESS OR II. BIRTHPLACE (State or loreign country) (OUNTRY:	WHAT
xominer xominer rile poge hours o	13. FATHER'S NAME PERCY GRAY 14. MOTHER'S MAIDEN NAME ESTHER TIDY	-
ding" in edical E ermit. F	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dates of service) 16. SOCIAL SECURITY NO. 17/AINFORMANT Gray 20 1/3dre & decwater 551-18-2167 USMC RECORD Silver Spring,	
the second of the control of executed within 24 hours often death. It is certificate, writing the word "pending" in pencil in Item 18. Give Poges 1, should be forwarded to the Chief Medical Examiner's Office along with form files. 3 should be used as a buriot-transit permit. File pages I and 2 with the State Deletion, or removal, and in any event within 72 hours ofter death.		RVAL BETWEEN ET AND DEATH
the certificate, writ 4 should be forwor ir files. e 3 should be used totion, or removal,	YES	WAS AUTOPSY PERFORMED? S NO
should be files. 3 should t tion, or re	20a. EXTERNAL CAUSE WAS PRIMARY ON CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Deceased, depressed, took overdose of barbiture	
Page 4 sh ar your fil R: Page 3 s 1, cremotio		(State) g. Md.
	death resulted from: Natural causes Acadest, Suicide, Hamicide, Undetermined manner ACTUAL	in my apinia 2. DATE SIGNED
the funeral director. The funeral director. The funeral director. The funeral blucker. The funeral blucker. The funeral blucker.	EXAMINER'S BELDEN R. REAP, M.D., DEPUTY MOICAL EXAMINER & NOV. 14	1967
TO FI	230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF REMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) BENOVAL (Specify) Nov. 17, 1967 Arlington National Arlington Virginia 24. RUBERAL DIRECTOR THORITOGRAPHICS SIGNATURE 84. 34. DDRESSORGIA Ave. 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	(State)
15ME (5) 1/67	Warner E. Pamphrey, Inc. Silver Spring, 1'd. DATNOV 17 1967 Alliantes y	udge

15680 Muse land Least Same Sime Springer many granice 2013 Edge unter larray deed Edgewater Transpay Leany November 14 19 William. MITH 11-1-2-1 male white The second secon HADRETH 21120 F. P.C. ruit samed YES 1947 1-1-11 USING PECCED

BELDEN P. REAP M. D. MANTER MEN. 14 1867

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O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death

Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 25M 1/67

15603

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

17237

		PLACE OF DEATH				2. USUAL RESIDENCE (Where deceosed lived, if ins	titution: Residence	e before odmission)	
AL)			Montgomery		MARYLAI	ND	Dis	trict of Col	umbia	
)		b. CITY OR TOWN	(If outside corporate limits	,	c. LENGTH OF STAY IN 1	lb	c. CITY OR TOWN (If ou	stside corporote limits, write	RURAL ond give	neorest town)
			da (rural)		3 days		Was	hington		47.2
			TAL OR INSTITUTION (If no	t in hospital, c			d. STREET ADDRESS	urugoou		e. IS RESIDENCE
6			Hospital			4638 Li	vingston Roa	d, S. E.	ON A FARM?	
	3.	NAME OF	Fir	st	Middle		Lost	4. DATE	Month	Doy Year
		DECEASED (Type or print)	Ker	ri	Ann	GI	REAM	DEATH	ember	30 19 67
	S.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8	. DATE OF BIRTH	9. AGE (In year		
		Female	Cauc	WIDOWED	DIVORCED [Nov. 27, 19	67 lost birthdoy	3.	Doys Hours Min.
	100	. USUAL OCCUPATIO	N (Give kind of work done		NO OF BUSINESS OR		11. BIRTHPLACE (County	& Stote, or foreign country)	12. CITI	ZEN OF WHAT
	dur	N A	life, even if retired)	IN	DUSTRY N/A		Bethesda,	Maryland	000	NTRY? USA
	13.	FATHER'S NAME					14. MOTHER'S MAIDEN	NAME		
		Horace	Gream				Rita Mar	ie Jobin		
	15.	WAS DECEASED EV	ER IN U.S. ARMED FORCES?	16.	SOCIAL SECURITY NO.	17. 1	NEORMANT S.E.	Washington A	ddress D.C	
	(Ye	Nog Ar unknown)	(If yes give wor or dotes o	f service) N	/A			eam, USMC, 4		ingston Rd.
		18. CAUSE OF D	EATH (Enter only one cou			/ _	L 62 11			INTERVAL BETWEEN
		PART I. DEA	ATH WAS CAUSED BY: IMMEDIATE CAUSE	(0)	organtive A	ear	Palure	Herrie		ONSET AND DEATH
		1346	DUE	TO A	1 -1-1 1)	++- 1.	A 1 +		101
		Conditions, if on		(b) C	organital C	sar	ctation of	he Aorla		12 krs.
		rise to immedio stoting the und		TO _	DR 00 6	1	4 10	1		01
		lost.		(c) 1-	robable In	Mu	Welline Duy	bellon		3 days
,	2	PART II. OTHER S	IGNIFICANT CONDITIONS CO	ONTRIBUTING 1	O DEATH BUT NOT RELATE	ED TO T	HE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(o)	19. WAS AUTOPSY PERFORMED?
1	CERTIFICATION									YES X NO
	FE	20o. ACCIDENT WA	AS UNDERLYING 🗆	20b. DE	SCRIBE HOW INJURY OCCU	JRRED. (Enter noture of injury in	Port I or Port II of item 18.)	
	EE		G CAUSE OF DEATH MEDICAL EXAMINER)							
	MEDICAL		JURY Month, Doy, Yeor	20d. II	NJURY OCCURRED 20	De. PLAC	E OF INJURY (Home, form	n. 20f. (City or town	i) (Cour	nty) (Stote)
	MED	Hour o	.m.	While	Not While		ory, street, office bldg., etc.			
			itti.	of worl		7/7	07 1	067 4- 17	20 10/	7 AL - A / IV / V I
		21. I cerr	less and the true and the	pital) attend	led the deceased the	q that	double accurred at	967, to Nov.	os and on the	4, mai (M (we) ias
		220. SIGNATURE	leceased pline an No	1// 3/0	1707, 0110	u IIIui	dealli accorred ar	1250 Pm, Irdili Coos		E SIGNED
		220. SIGNATURE	Han P	Lunis			ATTENDING	MED. STAFF PHYS.		. 1,1967
		oo ollygigian	XIII C	Tevai []		M.D	PHYS. L	OIRECTOR PHYS.	Tal Dec	• 1,1901
		22c. PHYSICIAN' NAME (Type		SWARTZ	M. D.		Naval Hos	pital, Bethe	sda, Md	
	230	. BURIAL, CREMATI	ION, 23b. DATE THE	REOF	23c. NAME OF CEMETER	RY OR (REMATORY	23d. LOCATION (City o	r Town) (County) (Stote)
		REMOVAL (Specific Burial	y) 12-4-	67	Stewart C	eme	tery	Dexter, Ke		
	24		Robert A. I	Danmahara					REGISTRAR'S SIG	GNATURE
		755 771	Robert A. I	rumpnre	y runeral n	Ome	DATE O	C 7 1967	M.T.	Par Judge
	-	(55) Wis	consin Ave.	Rethe	sua, Maryla	na	DATE	L (30/	ymany	By MARE

15604

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15599 CERTIFICATE OF DEATH

H													
1.	o. COUNTY	Montgomery	Kan	MARYL	AND	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) o. STATEMaryland b. COUNTY Montgomery							
	Bethe			c LENGTH OF STAY IN 2 years		c. CITY OR TOWN (If outside corporate limits, write RURAL ond give neorest town) Bethesda 15							
		AL OR INSTITUTION (If not in Glenwood F		give street oddress)		d. STREET ADDRESS 5418 G.	Lenwood	Road			e. IS RESIDENCE ON A FARM? YES NO SC		
3.	NAME OF DECEASED (Type or print)	First	4	Middle	GV	i Fr N	4. DATE OF DEATH	Month			Year 9 6 7		
S.	SEX	6. COLOR OR RACE 7.	MARRIED	NEVER MARRIED		. DATE OF BIRTH	9. AG		IF UNDER 1 YE		DER 24 HRS.		
F	emale	White	VIDOWED	DIVORCED		Sept. 19,	1880 87	t birthdoy) yrs.	Months Do	ys Hour	rs Min.		
	ring most of working	N (Give kind of work done life, even if retired)		ND OF BUSINESS OR DUSTRY		11. BIRTHPLACE (County Ohio	& Stote, or foreign	country)	12. CITIZE COUNT	N OF WHAT	s.		
13	FATHER'S NAME					14. MOTHER'S MAIDEN	NAME		100				
	J,	ames Deuche	r			Martha	A. Gri						
15 (Y	. WAS DECEASED EVE es, no, or unknown) No	R IN U.S. ARMED FORCES? (If yes give wor or dotes of ser		SOCIAL SECURITY NO.		FORMANT Son	ffin	800 Bethes			Rd.		
F		EATH (Enter only one cause p TH WAS CAUSED BY:	er line for		. ()				INTERVAL E			
	14500	IMMEDIATE CAUSE (o)	HY	postation	2 1	NEWMON	1.13			ONSET AND	DLAIII		
	Conditions, if ony		Cer			ular Inc				5 ye	-nv5		
	stoting the unde		Ger	ienslized	A	thevo so	devosi	3		549	envs		
ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. YES										UTOPSY RMED? NO		
CERTIFICATION		S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DE	SCRIBE HOW INJURY OCC	URRED. (Enter noture of injury in	Port I or Port II o	f item 18.)	N.				
MEDICAL	20c. TIME OF INJU Hour o.r	10	20d. If While of worl	Not While		E OF INJURY (Home, form ory, street, office bldg., etc.)		y or town)	(County)	(State)		
	21. I certi	fy that (I) (this hospital eceosed olive on	l) ottend	ded the deceased for	rom_ f nd thot	deoth occurred of	961, to 1235PM, fro	om couses or	, 19 <u>67</u> nd on the	, thot (1) dote stot	(we) los ted obove		
	220. SIGNATURE	nley m. B	عامن	m_	M.D	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	NOU	SIGNED	967		
	22c. PHYSICIAN'S NAME (Type)		4. B	IALEK		8218 W	Jiscons	in Au	2. Be	th. m	19.		
23	DEMOVAL (CREMATIC		F	23c. NAME OF CEMET	ERY OR (REMATORY	23d. LOCATIO	N (City or Town) (Co	unty)	(Stote)		
	Burial Specify		57	Cedar Hi	11			land,					
1 5	4. FUNERAL DIRECTO ROBERT A	THE TO STORY TO THE	, Be	thesda, M	lary	land 250. RECT	BY REGISTRAR	1967 REGI	STRAR'S SIGN	las Ja	wage		

directar, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages, Land 2 shault be filed with the State Dept. af Health priar to burial, crematian, ar remaval, and in any event, within 72 haurs after death TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours **O FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely (filled in directar, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers Page 4 may be retained by the haspital ar attending physician.

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		al Security
	TANALS IN THE	
	11-15-07 (Codes hill	
18 The Landy	ACTUALLY, Bernands, Law	A DEMONSTRA

FOR STATE HEALTH DEATE any delay is ; 2, and 3 ta 2, and 3 ta PM3. Page State Give Pages be executed within 24 hours after death. burial-transit permit. File pages 1 and 2 with th shauld be farwarded to the Chief Medical Examiner's Office alang in Item 18. = This certificate shauld writing the ward 3 shauld be used the certificate, AL EXAMINER: Page O FUNERAL DIRECTOR: the funeral director. be retained

any event within 72 hours after death.

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crematian, or remayal,

Health priar to

1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased fixed, if institution; Residence before admission) COUNTY b. COUNTY ROMERLY MARYLAND CITY OR JOWN (If autside congrate limits, c. CITY OR TOWN (If outside corporate fimits, write RURAL and give nearest down) c. LENGTH OF STAY IN 16 write RURAL and give nearest town) thesda 45 MIN d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENC ON A FARM? NAME OF DATE First Last Day Year DECEASED 1967 (Type ar print) edshell DEATH SEX IE UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH AGE (In years birthday) Manths Min. WIDOWED DIVORCED 1Da, USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR BIRTHPLACE (State or foreign country) 12. CITIZEN OE WHAT during most of working life, even if retired)
KefieEd FILEMAN MARWAND 14. MOTHER'S MAIDEN NAME 13. EATHER'S NAME Katherine 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, na, or unknown) (If yes give war ar dates of service) INTERVAL BETWEEN NSET AND DEATH CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: Cosonas IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gave (b) rise to immediate cause (a), DUE TO stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PEREORMED? NO X 2Do. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) PRIMARY Or CONTRIBUTING CAUSE OF DEATH MEDICAL 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 2De. PLACE OE INJURY (Home, farm, 20f. (City or lown) (County) (State) Haur a.m. Nat While factory, street, office bldg., etc.) at wark at wark 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X and in my opinian Inquiry Notural causes death resulted from: Accident Suicide Undetermined monner CHIFF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** JOHN G. BALL Bethesda, Md. NAME (Type) Address (Street, city, town, or county) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION. 23d. LOCATION (City or Town) Burial 11-4-67 Prospect Hill Cem.

VR A15ME (5) 6M 1/67

may

24. FUNERAL DIRECTOR

PUMPHREY, Bethesda, Maryland

Washington D. C. ISTRAR 25b. REGISTRAR'S SIGNATURE 1967 DATE OV 6 196

The state of the s 15605

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

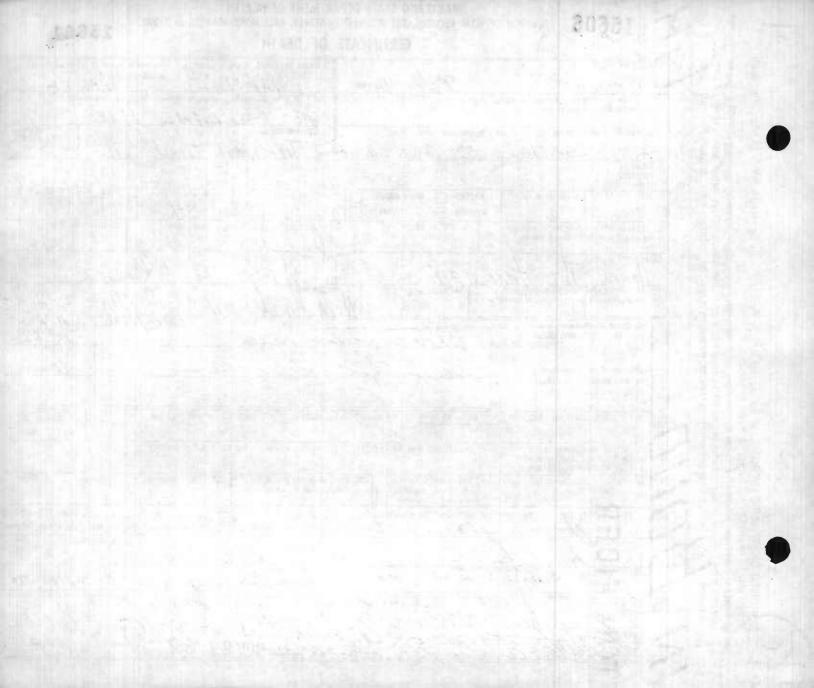
15601

CERTIFICATE OF DEATH

-			
		PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence befare admission)
9	(MONTGONERY BETHERMARYLAND	O. STATE MARYLAND b. COUNTY NONTH.
	t	D. CITY OR TOWN (If autside corporate limits, C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
		write RURAL and give nearest tawn)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		LUMBER OF HOSPITAL OR HISTIATION (II	8909-GARLAND AYE, 13
2 0	0	H. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address)	d. STREET ADDRESS e is residence on a farm?
0	1	GSMOR JONITARIUM 5721 GROSDENORA	THE PARAMA TARK-NIT , YES NO
	3. 1	NAME OF First Middle DECEASED //	Last 4. DATE Manth Day Year
	(Type or print) HARRY B	HACKMAN DEATH NOV 33 1967
	5. 5	6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS
		MA/E, WIDOWED A DIVORCED	MAU25-1880 Structurally yrs. Manths Days Haurs Min.
		USUAL OCCUPATION (Give kind af wark dane 10b. KIND OF BUSINESS OR	11 BIRTHPLACE (Caunty & State, or foreign country) 12. CITIZEN OF WHAT
	duri	ng most of working life, even if retired) INDUSTRY	Mome/sdort, Pa. COUNTRY? USA
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
		HEURI II HOLD IN 121%	MARY II KULER.
	15.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. J	NFORMANT Address
1		s, no, or unknown) (If yes give war or dates of service)	AN HARLING MITCHENGE HI
		I I I I I I I I I I I I I I I I I I I	MITHERNIAN WILLIAM
		18. CAUSE OF DEATH (Enter only one cause per line (or (b), (b), and (c).) PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
		MMEDIATE CAUSE (a) John Charles	unmea 48ti
		DUE TO G	7
		rise to immediate cause (o), (b)	asteriorelisone 20 ys
		stating the underlying couse DUE TO	
3		lost. (c)	
	Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO T	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
	N N		YES NO
	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Part I or Port II of item 18.)
		OR CONTRIBUTING □ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	MEDICAL		CE OF INJURY (Hame, farm, 20f. (City ar town) (Caunty) (State)
	ME	Hour a.m. 19 While Nat While p.m. 19 at work at wark	ary, street, affice bldg., etc.)
	-	21. I certify that (I) (this hospital) attended the deceased from	11/22 , 1967 do 11/23 , 1967thot (1) (we) lo
			t death occurred at 5130 M. from causes and on the date stated above
		220. SIGNATURE	22b. DATE SIGNED
		Analek San M.C	D. PHYS. DIRECTOR DIPHYS. D
		OD. DUNGCIAN'S	22d. ADDRESS
1	-	NAME (Type) RONALD W. BARR, MD	10481 OLD GEORGETOWN BETHESON MO.
	23a	BURIAL CREMATION, 236. DATE THEREOF 234 NAME OF CEMPTRY OR	CREMATORY 23d. LOCATION (City or Town) (County) (State)
	- 150	REMOVAL (Specify) Nov 27-1917 Second Presse	ch Donetera Done 1 / Louis
	24	FUNERAL DIRECTOR ADDRESS C	2SD. REC'D BY REGISTRAR 2SD. REGISTRAR'S SIGNATURE
	1	Totherellattere with your old of	ZONIZ DATENOV 27 1967 Actionlas Judge
7	10	un inveriors cut sheer good, A.C.	TEO/ZHANINUV II I I I I

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carbor, papers, Pages 7 and 2 should be filed with the State Dept. of Health priar ta burial, cremation, or remaval, and in any event, within 72 hours affer death. **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15607

CERTIFICATE OF DEATH

5602

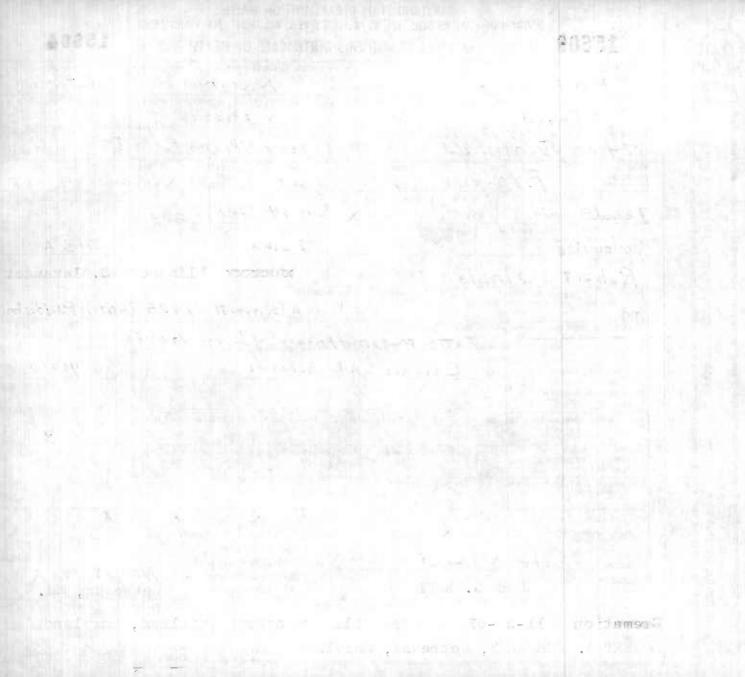
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wite River Coll d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street oddress) 1.0820 Georgia Avenue 1.0820 Georgia Aven		0.	COUNTY					o. STATE Mary	land	b. CO	UNTY Mor	ntgome	ery
1.0820 Georgia Avenue 1.0820 Georgia Georg		b.	city or town write RURAL or Wheat	(If outside corporate lim d give nearest tawn))N	nits,		Y IN 1b		itside corporc	te limits, write R	URAL ond giv	re nearest to	gwn)
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Decay Charles M. Hardesty Death November 4, 19			16820	Georgia Av	renue			10820 Ge	orgia	Avenue			S NO
Male White WIDOWED DIVORCED TO 1/22/15 52 775. Manth		DI	CEASED				200		OF				Year 19 67
10. SIVAL DECUPATION (Give kind of work done during most of working life, even if elized) 10. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S MANKE 14. MOTHER'S MADIE N. MANE 15. WAS DECEASED BYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 18. CAUSE OF BEATH (Finer only one couse per line footoff (b), and (c).) 18. CAUSE OF BEATH (Finer only one couse per line footoff (b), ond (c).) 18. CAUSE OF BEATH (Finer only one couse per line footoff (b), ond (c).) 18. CAUSE OF BEATH (Finer only one couse per line footoff (b), ond (c).) 18. CAUSE OF BEATH (Finer only one couse per line footoff (b), ond (c).) 19. WAS DECLETED ON SET AND DEC									9	lost birthdoy)			Hours Min.
Charles P. Hardesty Is. WAS DECEASED EVER IN U.S. ARMED FORCES? (Per, no, of unknown) (If yes give wor or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address 18. CAUSE OF DEATH (Enter only one couse per line for 19. (b), and (c). 579-09-8139 Donald P. Hardesty, Adelphi, Md. INTERVAL BETWOOD 18. CAUSE OF DEATH (Enter only one couse per line for 19. (b), and (c). ONSET AND DE IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise to immediate couse (a), storling the underlying couse lost. Co. Conditions, if ony, which gove rise to immediate couse (a), storling the underlying couse lost. Co. Co		10o. U during GC	SUAL OCCUPATIOn most of working	N /Give kind of work don	10b. KI	ND OF BUSINESS OR		11. BIRTHPLACE (County Washingt	on, D.	reign country)	12. CI	OUNTRY?	/HAT
No		Cì	narles I					Olive Pad					4
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20c. TIME OF INJURY Manth, Doy, Yeor Hour o.m. p.m. 19 20d. INJURY DCCURRED While of twork of foctory, street, office bidg., etc.) 21. I certify that (I) (this hospital) attended the deceased fram saw the deceased folive on 19 21. I certify that (I) (this hospital) attended the deceased fram 19 220. SIGNATURE 220. SIGNATURE 220. SIGNATURE 220. SIGNATURE 220. SIGNATURE 220. SIGNATURE 221. PHYSICHAN'S NAME (Type) AZAO 222. PHYSICHAN'S NAME (Type) 223. BURIAL, CREMATION, REMOVAL (Specify) 230. BURIAL, CREMATION, REMOVAL (Specify) 231. DATE THEREOF 232. NAME OF CEMETERY OR CREMATORY 233. BURIAL, CREMATION, REMOVAL (Specify) 234. LOCATION (City or Town) (County) (Storage Maryland) 255. County) 265. (City or town) (County) (Southly) (S	2	ATION	PART II. OTHER S	IGNIFICANT CONDITIONS	CONTRIBUTING 1	O DEMH BUT NOT R	RELATED TO 1	HE TERMINAL DISEASE CON	NDITION GIVE	N IN PART 1(a)	-TE.	PE	AS AUTDPSY ERFORMED?
21. I certify that (I) (this bospital) attended the deceased fram			OR CONTRIBUTING	CAUSE OF DEATH	20b. DE	SCRIBE HDW INJURY	OCCURRED.	Enter noture of injury in	Port I or Por	t II of item 18.)			
21. I certify that (I) (this boseita) attended the deceased fram, 19 2. that (I) (most saw the deceased glive on, 19 2. and that death accurred at, 19 2. that (I) (most saw the deceased glive on, 19 2. and that death accurred at, 19 2. that (I) (most saw the deceased glive on, 19 2. that (I) (most saw the deceased fram, 19 2. that (I) (most saw the deceased fram, 19 2. that (I) (most saw the deceased fram, 19 2. that (I) (most saw the deceased glive on, 19 2. that (I) (most saw the deceased glive on, 19 2. that (I) (most saw the deceased glive on, 19 2. that (I) (most saw the deceased glive on, 19 2. that (I) (most saw the deceased glive on, 19 2. that (I) (most saw the deceased glive on, 19 2. that (I) (most saw the deceased glive on, 19 2. that (I) (most saw the deceased glive on, 19 2. that (I) (most saw the deceased glive on		MEDICA	Hour 'o.	m.						(City or town)	(Co	ounty)	(State)
22c. PHYSICHAN'S NAME (Type) AZAO J VOSCEN UN: 22d ADDRESS NAME (Type) 23o. BURIAL, CREMATION, REMOVAL (Specify) Burbal (Specify) Burbal (Specify) ATTENDING MED. ATTENDING DIRECTOR PHYS. DIRECTOR	the Stat		saw the d		spital atten	ded the decease	d fram_ and that					1 111011	
NAME (Type) A				144	16	es	1.M	PHYS.	MED. DIRECTOR	STAFF PHYS.	72	ATE SIGNED	167
Burnal 11/7/67 Gate of Heaven Silver Spring, Maryland	1				40 J.	Vogen	c mi	370/	mi	Relie	Me	inc	05
	8	23o. Bt	BURIAL, CREMATI REMOVAL (Specif	ON, 23b. DATE T								, , , ,	(Stote)
24. FUNERAL DIRECTOR 5130 WiscODRESS n Ave, NW 250. REC'D BY REGISTRAR 250. REGIS	0								BY REGISTE				

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15603. MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 15603 HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY delay is and 3 to P.M.3. Page MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) ond write RURAL and give nearest town Deport d. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital, give street address) IS RESIDENCE 4 should be farwarded to the Chief Medical Examiner's Office olong with Torm ON A FARM? Note Give Poges 24 haurs after deoth. NAME OF DATE Middle DECEASED OF/ DEATH poges I ond 2 with the (Type or print) 19 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED birthdoy) Doys Months Hours in Item 18. 72 hours after deoth. WIDOWED X DIVORCED 106. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired INDUSTRY 10mes ary AnD 13. FATHER'S NAME pencil 14. MOTHER'S MAIDEN NAME within permit. File .⊆ IS. WAS DECEMSED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT executed Address (Yes, no, or unknown) (If yes give wor or dotes of service) "pending" within INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) buriol-transit 3. Tonchial Pneumonia -SNSET AND DEATH event PART I. DEATH WAS CAUSED BY: certificate should be IMMEDIATE CAUSE (o) the word DUE TO ony 42215 CITTHOSIS Conditions, if ony, which gove (b) rise to immediate couse (o). __ DUE TO stoting the underlying couse 0 4-21-5 puo 00 lost. be used removol PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPS PERFORMED? the certificate, YES X 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 3 should PRIMARY Or CONTRIBUTING cremotion, or MEDICAL EXAMINER: CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (Stote) (County) Hour o.m. foctory, street, office bldg., étc.) moy be retained for your FUNERAL DIRECTOR: Page Page of work ot work Inquiry X 21. I certify that I took charge of the remains described above, held on Autopsy Inspection X X and in my opinion the funeral director. deoth resulted fram: Noturol causes Suicide Homicide Undetermined monner Accident CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED TO FUNERAL D Heolth prior t ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) Address (Street, city, town, or county) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION LOCATION (City or Town) (County) (Stote) 2So. REC'D BY REGISTRAR FUNERAL DIRECTOR 25H REGISTRAR'S SIGNATURE VR A15ME (5) DATE DEC 6 196 ock ville, No 6M 1/67

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

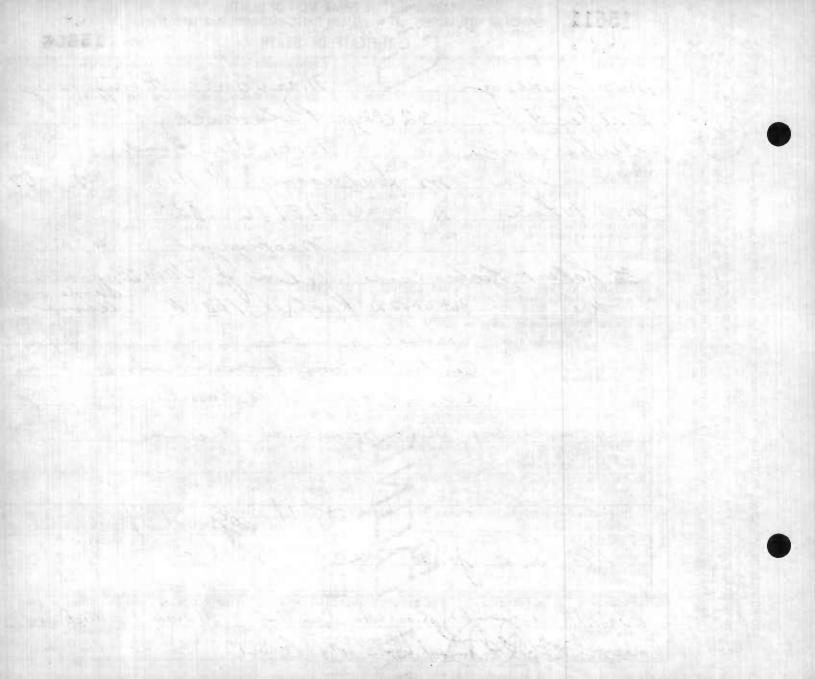
156	08 N	IEDICAL EXAMINER'S	CERTIFICATE OF D	EATH	15604
	ntgenery	MARYLAND	2. USUAL RESIDENCE (Where a. STATE	deceased lived, if institution: b. COUNTY	Residence before admission)
write RURAL on	If outside corporate limits, digive nearest town)	c. LENGTH OF STAY IN 16	1	arparate limits, write RURAL of	15-1
00 740	AL OR INSTITUTION (If nat in hasp	ital, give street address)		ing field	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	E/sie	Middle 5,		EATH NOVET	
s. sex Female	6. COLOR OR RACE 7. MAR	WED DIVORCED	B. DATE OF BIRTH July 14, 1907	7 last birthday) Mo	UNDER 1 YEAR IF UNDER 24 HRS onths Days Hours Min.
during most of working Housew	life, even if retired)	Ob. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	eign cauntry)	12. CITIZEN OF WHAT COUNTRY 2
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME	Elizabeth	S.Alexander
1S. WAS DECEASED EVI (Yes, no, or unknown)	R IN U.S. ARMED FORCES? ((If yes give war ar dotes of service)		informant ohn-A Benne7	Address 7405 De	enten Ru Bethe
	DUE TO		-phosis of Li		INTERVAL BETWEEN ONSET AND DEATH
rise to immedia stating the under last.	e cause (a),				
PART II. OTHER S		ING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION	N GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
200. EXTERNAL CO		b. DESCRIBE HOW INJURY OCCURRED). (Enter nature af injury in Part I	ar Part II of item 1B.)	
20c. TIME OF INJ Haur o.	n.		ACE OF INJURY (Hame, farm, ctary, street, affice bldg., etc.)	20f. (Cily or tawn)	(Caunly) (State)
21. I certif death result ACTUAL SIGNATURE EXAMINER'S	John D. P.	fall	icide, Hamicide, CHIEF MEDICAL EXAMIM.D. ASSISTANT MEDICAL EXA DEPUTY MEDICAL EXA	XAMINER NOV	22. DATE SIGNED
NAME (Type)	JOHN G.	BALL 23c. NAME OF CEMETERY OF		tawn, ar county) Bethe	(County) (State)
Crematio 24. FUNERAL DIRECTO	n 11-20-67	Cedar Hil	l Crematory	Suitland.	Maryland RAR'S SIĞNATURE



MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH 15611 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE 15505 ofter death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) a. COUNTY MARYLAND c. LENGTH OF STAY IN 16 b. CITY OR TOWN (M' outside carparate limits OR JOWN (If outside corporate limits, write RURAL and ove nearest town 24 hours d. STREET ADDRESS e. IS RESIDENC OF MOSPITAL OR INSTITUTION (If not in hospital, give street oddress) ON A FARM: NO The law requires that the death certificate be executed within NAME OF 4. DATE Middle Year remave carban DECEASED OF DEATH ar remaval, and in any event, (Type or print) SEX AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthday) Months Hours WIDOWED X DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, or foreign country) physician a nen please r during most of working life, even if retired) **INDUSTRY** COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT permit. (If yes give wor or dotes of service (Yes, no, or unknown) .07-0290 crematian. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY burial-transit IMMEDIATE CAUSE (o physician. DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse be retained by the haspital or attending priar to this certificate has been WASAU PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO PERFORMED? NO OR ATTENDING PHYSICIAN: 2Do. ACCIDENT WAS UNDERLYING I 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 2Dc. TIME OF INJURY Month, Dov. Year 20d. INJURY OCCURRED 2De. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) foctory, street, office bldg., etc.) Hour o.m. Not While **DIRECTOR:** After of work L ot work 21. I certify that (1) (this haspital) attended the deceased fram saw the decegsed alive an_ and that death accurred at M, fram tauses and an the date stated above. 220. SIGNATURE 22b. DATE SIGNED ATTENDING STAFF DIRECTOR 22c. PHYSICIAN'S 22d. ADDRESS Page 4 may TO FUNERAL NAME (Type) 23b. DATE THEREOF 23o. BURIAL, CREMATION, 23c-NAME OF CEMETERY OR CREMATORY 23d. LQCATION (City or Town) (Stote) (County) REMOVAL (Specify) emeTexus 25d. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR VR A15 (4) 25M 1/67



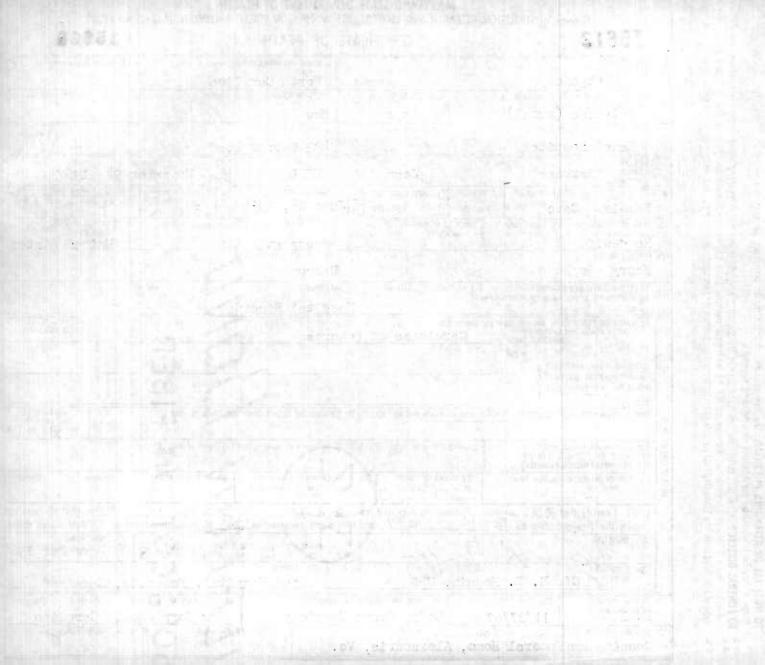
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

1 m	CENTIFICATE	OF DEATH							
3 S = d d	T. PLACE OF DEATH a. COUNTY Montgomery Maryland 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence a. STATE New York Maryland								
	b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn)							
	Bethesda 23 Days d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address)	Brooklyn d. Street address e. IS residence on a farm?							
5	The Clinical Center, Bethesda, Maryland	454 - 76th Street ON A FARM? YES □ NO 🗵							
3	NAME OF First Middle DECEASED (Type or print) Roland Cortright	Henning OF November 14 1967							
S	. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.	DATE OF BIRTH 2 June 1907 9. AGE (In years left UNDER 1 YEAR IF UNDER 24 HR Manths Days Haurs Min Months							
li d	Do. USUAL OCCUPATION (Give kind of work done uring most of working life, even if retired) Merchant Seaman 10b. KIND OF BUSINESS OR INDUSTRY Merchant Marines	11. BIRTHPLACE (County & State, or foreign country) Pennsylvania 12. CITIZEN OF WHAT COUNTRY? USA							
1	3. FATHER'S NAME Ulysses Henning	14. MOTHER'S MAIDEN NAME Emma Ackley							
	7 G3, IIG, G1 G11KIIG WII) ILII 7 G3 G17 G WG1 G1 GG163 G1 3 G17 (C)	FORMANT The Medical Records Section 1985 Clinical Center, Bethesda, Maryland							
	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonia	INTERVAL BETWEEN							
	Canditions, if any, which gave rise to immediate cause (a). DUE TO Corebral infarction	n 6 days							
	stating the underlying cause lost. DUE TO (c) Rheumatic valvular								
ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE 21 days following aortic valve repla	PERFURMED?							
13. NO	200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	Enter nature of injury in Part I or Part II of item 18.)							
MEDICA	p.m. 17 at wark — at wark	E OF INJURY (Hame, form, 1906) (City or town) (County) (State) iry, street, affice bldg., etc.)							
	saw the deceased alive an 14 November 167, and that	death accurred at 1:00 M, fram causes and an the date stated aba							
1	220. SIGNATURES. H. Johnson M.D.								
	22c. PHYSICIAN'S NAME (Type) Eric H. Johnson, MD	22d. ADDRESS The Clinical Center, National Institutes of Health, Bethesda, Md.							
	30. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CE BUILD 11-17-67 Greenwood C	Cemetery Brooklyn. New York							
	24. FUNERAL DIRECTOR ROBERT A. PUMPHREY, Bethesda, Mary	land DATE NOV 1 7 1967							

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	Il-17-67 Sue-mond Factory to	
	William I Waterday, Mary John Smith	

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15613 15608 CERTIFICATE OF DEATH by the funeral Pages and 2 naurs after death. 24 haurs after death. 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) 1. PLACE OF DEATH o. COUNTY Montgomery North Carolina b. COUNTY MARYLAND b. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give negrest town) New Bern Bethesda (rural Davs d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENC ON A FARM? Naval Hospital 402 Garner Road YES TO NO certificate be executed within Middle 4. DATE NAME OF First Month Lost Doy Year DECEASED Barbara Jean HILL November 24 1967 carb (Type or print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years 7. MARRIED NEVER MARRIED birthday) Months Haurs June 28. 1930 Female Cauc WIDOWED DIVORCED 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) during most of working life, even if retired)
Housewife COUNTRY? INDUSTRY Massachussetts United States 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Burke Henry Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address The law requires that the death (Yes, ng, ar unknawn) (If yes give war ar dates of service) Hospital Records 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH Carcinoma of Pancreas signed by 1 IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gave rise to immediate couse (a), DUF TO attending p stoting the underlying couse TO HOSPITAL OR ATTENDING PHYSICIAN: The law te Page 4 may be retained by the haspital or attending TO FUNERAL DIRECTOR: After this certificate has been to Funeral Directors. as the 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) far use YES Y NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20f. (City or tawn) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (County) (State) 20c. TIME OF INJURY Manth, Day, Year Hour a.m. foctory, street, office bldg., etc.) While Nat While at work at wark 21. I certify that (1) (this haspital) attended the deceased fram Sept 17, 1967, to Nov 24, 1967, that (1) (we) last saw the deceased alive an Nov 24, 1967, and that death accurred at 1245, M, from causes and an the date stated above. saw the deceased alive an Nov 24 22g. SIGNATURE 22b. DATE SIGNED STAFF ATTENDING 24 November 1967 M.D. PHYS. DIRECTOR PHYS. director, page shauld be filed 22d. ADDRESS 22c. PHYSICHAN'S NAME (Type) Cdr R. B. Moguin, Naval Hospital, Bethesda, Maryland USN 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL CREMATION. (County) -BEMOVAL (Specify) Cedar Grove Cemetery New Bern North Carolina 11/27/67 24. FUNERAL DIRECTOR armsed F. Burner ADDRESS 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66 Cunningham Funeral Home, Alexandria, Va.

MARYLAND STATE DEPARTMENT OF HEALTH

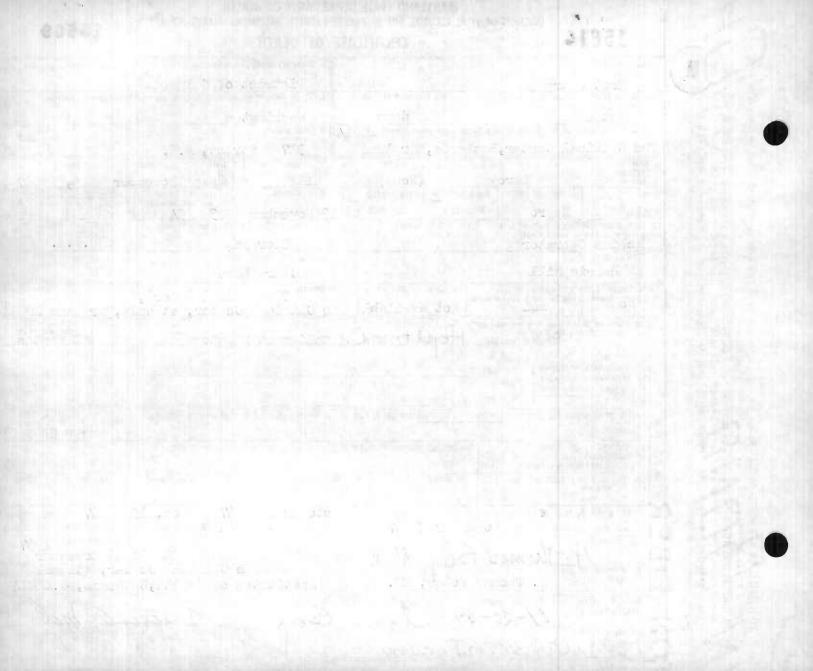


24. EUNERAL DIRECTOR &

VR A15 (4) 25M 1/67 96 ASB. REGISTRAR'S SIGNATURE

RICH BY/REDISTRAR

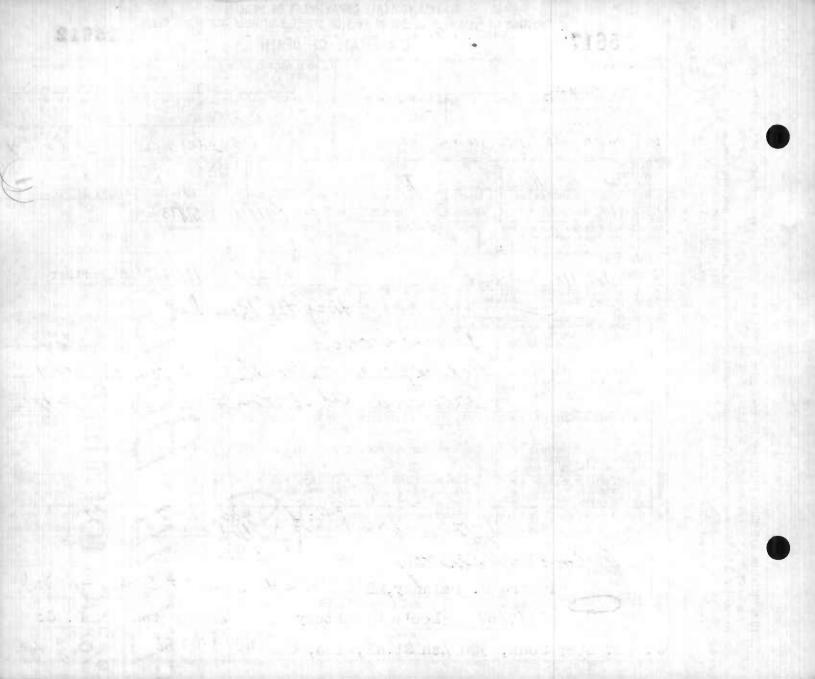
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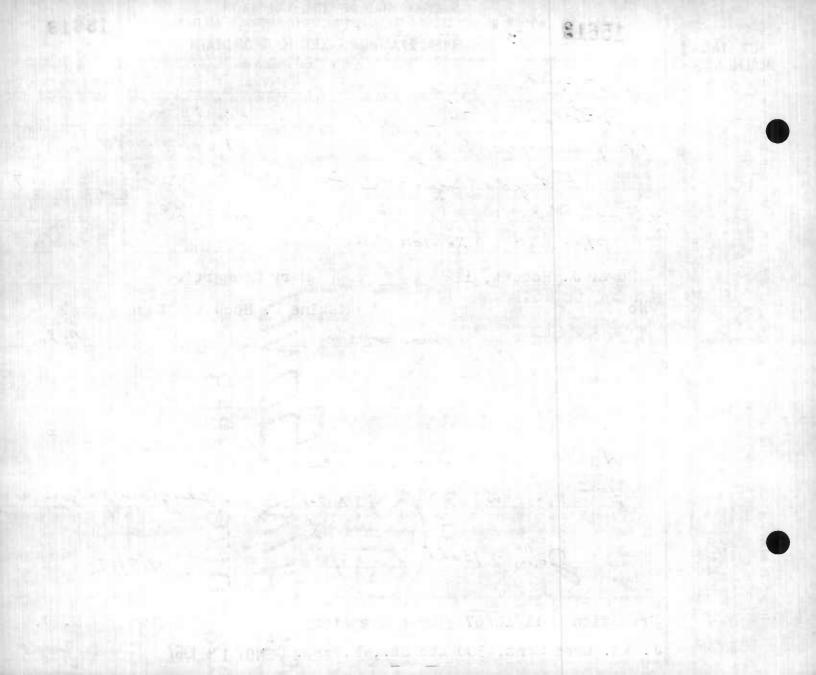
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15815 15610 CERTIFICATE OF DEATH death and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY a STATE b. COUNTY Montgomery MARYLAND Maryland Montgomery b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. CITY OR TOWN (If autside carparate limits, write RURAL and give negrest tawn) c. LENGTH OF STAY IN 1b within 72-hours The law requires that the death certificate be executed within 24 haurs Takoma Park 26 days Silver Spring d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENC ON A FARM? pap Washington Sanitarium and Hospital NO T. 20 Manchester Place YFS NAME OF 4. DATE carbon Month Year DECEASED OF DEATH (Type or print) Donald Hillegas .Tav Movember IF UNDER 1 YEAR S. SEX IF UNDER 24 HR 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years 7. MARRIED NEVER MARRIED last birthday) Months Days Hours Male WIDOWED DIVORCED White -37-77 and 10o. USUAL OCCUPATION (Give kind of work done 10b/KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, ar fareign country) 12. CITIZEN OF WHAT physician a during most of working life, even if retired) INDUSTRY COUNTRY? Disabled Pennsylvania America 13. FATHER'S NAME or remayol, Albert Hillegas Ada Faust attending permit. The 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dates of service) Patient's chart no unknown crematian, 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gave rise ta immediate cause (a), DUE TO stating the underlying cause or attending priar ta (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO 10 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) 20g. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, (City or tawn) (State) (County) Haur a.m. foctory, street, office bldg., etc.) Not While **DIRECTOR:** After ot work , and that death accurred at 400 M 21. I certify that (I) (this haspital) attended the deceased fram 10 -28 FO HOSPITAL OR ATTEND Page 4 may be retained , page 3 shauld be filed with the M, fram causes and an the date stated above. saw the deceased alive an 22o. SIGNATURE 22b. DATE SIGNED ATTENDING MD. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S O FUNERAL ABKIN BORES 9 0 director, I shauld be 230. BURIAL CREMATION, 23b DATE THEREOF 23 NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) EMOVAL (Specify) 24. FUNERAN DIRECT 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURI VR A15 (4) 25M 1/67 DATE

MARYLAND STATE DEPARTMENT OF HEALTH 15611 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15616 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) o. COUNTY o. STATE b. COUNTY MONTGOMPRY montamery county MARYLAND PHYSICIAN: The law requires that the death certificate be executed within 24 bours after CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) SPRING DAYS SILUPR SILUER SPRING d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? RONFROW HUSPITAL CR055 10019 ROAD NO Z pan 3. NAME OF Middle DATE Lost Month Dov Year DECEASED HILLPRY 24ZABETH NOU9MB92 17 1967 (Type or print) DEATH IF UNDER 1 YEAR | IF UNDER 24 HRS S. SEX 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH 9. AGE (In years NEVER MARRIED lost birthdoy) Months Doys Hours and in any WIDOWED DIVORCED 52 Yrs. 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) COUNTRY? INDUSTRY Springfield, Mass.
14. MOTHER'S MAIDEN NAME Detense Hnalusst 13. FATHER'S NAME Gertrude Colvin Rou C. Chanin 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dates of service) OF 019 Rentrew 18. CAUSE OF DEATH (Enter only one couse per line for (0), (b), INTERVAL BETWEEN ONSET AND PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Duria. Conditions, if any, which gove rise to immediate couse (4) stoting the underlying couse by the hospital ar attending WAS AUTOPSY PERFORMED? has PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) far use Health YES T NO this certificate 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Home, form, (City or town) 20c. TIME OF INJURY Month, Doy, Yeor 20d INJURY OCCURRED (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While ot work 21. I certify that (1) (this hospital) attended the deceased fram Page 4 may be retained O FUNERAL DIRECTOR: A and that death accurred at 4.4 CAM, fram causes and an the date stated above saw the deceased glive an 121 220. SIGNATURE 22b. DATE SIGNED ATTENDING directar, page 3 shauld be filed v DIRECTOR 22d. ADDRESS 22c. PHYSICTAN'S NAME (Type) Haberlin M.D. 1015 Spring Street Silver Spring. 230. BURIAL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) Sprinaticald Massachusetts Oak Grove Cemetery ADDRESS REBISTRAR'S SIGNATURE VR A15 (4) Pumphrey Inc 8434 Georgia Avenue 25M 1/67

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15612 CERTIFICATE OF DEATH 15617 24 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY a. STATE b. COUNTY ONTGONERI b. CITY OR TOWN (If autside Corporate limits, write RURAL and give, nearest town) MARYLAND aryLANIO c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If gutside carparate limits, write RURAL and give nearest tawn) SPRING IMO 19dans SILVER d. NAME OF HOSPITAL OR INSTITUTION All not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? EARFIELD NO D The law requires that the death certificate be executed within 3. NAME OF Middle 4. DATE Year and in any event, wit DECEASED OF (Type or print) DEATH 1967 8. DATE OF BIRTHY 891 S. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years Months WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) COUNTRY? during mast af warking life, even if retired) INDUSTRY attending physician overmit. Then please BEAUTICIA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remaval, 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, na, ar unknown) (If yes give war ar dates of service) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN burial-transit IMMEDIATE CAUSE (a) Page 4 may be retained by the haspital ar attending physician. DUE TO Canditians, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause as the WAS AUTOPS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) PERFORMED? YES T NO certificate 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20c. TIME OF INJURY Month, Day, Year (City or town) (County) (State) O FUNERAL DIRECTOR: After this Haur a.m. factory, street, affice bldg., etc.) 21. I certify that (I) (this haspital) attended the deceased from 2 (1) and that death occurred at PM, fram causes and an the date stated above saw the deceased alive an. 22a. SIGNATURE 22b. DATE SIGNED ATTENDING M.D. DIRECTOR PHYS. PHYS 22d. ADDRESS 22c, PHYSICIAN'S NAME (Type) Richard P. Delaney, MD 23a. BURIAL CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) REMOVAL (Specify) 11/7/67 Lee's Crematory Washington 24. FUNERAL DIRECTOR **ADDRESS** 25b. REGISTRAR'S SIGNATURE VR A15 (4) 25M 1/67 Wm. Lees Sons, 300 4th St.NE. Wash.DC



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON, STREET, BALTIMORE, MARYLAND 21201 15613 KAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPA PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY a. STATE ny delay is 2, and 3 to PM3. Poge d to LENGTH OF STAY IN 16 pages I and 2 with the State Departmen outside corpore limits c. CITY OR TOWN (If outside carparate limits, write RURAL and give negrest town) ROCKULLE d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e IS RESIDENCE Give Pages 1, farwarded to the Chief Medical Examiner's Office along with form ON A FARM? Con giessiena This certificate shauld be executed within 24 haurs after death. If NAME OF DATE Year DECEASED 196 Type ar print DEATH AGE (In years IF UNDER 1 YEAR 6. COLOR OR 7. MARRIED OF BIRTH IF UNDER 24 HRS last pirthdoy) in Item 18. Months 72 haurs after death. WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done BIRTHPLACE (State or foreign country) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY ? North Carolina 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Edgar J. Hocutt. Mary Cromartie .⊆ 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address (Yes na, ar unknown) (If yes give war or dotes of service "pending" any event within Maxine L. Hocutt Same A 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY ONSET AND DEATH Overdose, Morphine IMMEDIATE CAUSE (a) the ward DUE TO Conditions, if ony, which gave (b) rise to immediate cause (a) DUE TO 0 stoting the underlying couse OS be used 19. WAS AUTOPS) PERFORMED? remayal. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) the certificate, YES K NO: shauld be 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 3 shauld PRIMARY Or CONTRIBUTING intravenous infusion MEDICAL EXAMINER: CAUSE OF DEATH. crematian, MEDICAL 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Hame, farm (City or town) (County) (State) FUNERAL DIRECTOR: Page While Not While factory, street, affice bldg., etc.) Cherry Chase Montgon Med 196 at wark 21. I certify that I took charge of the remains described above, held on Autopsy Inquiry X Inspection X ond in my opinior the funeral directar. Suicide K deoth resulted from: Noturol couses . Accident Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER Health prior SIGNATURE pe DEPUTY MEDICAL EXAMINER **EXAMINER'S** May NAME (Type) Address (Street, city, town, ar county) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION. 23d. LOCATION (City or Town) (Stote) 0 Cremation 11/10/67 Lees Crematory Washington 24. FUNERAL DIRECTOR 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15ME (5) Wm. Lees Sons, 300 4th St., NE, Wash. DOATENO 6M 1/67



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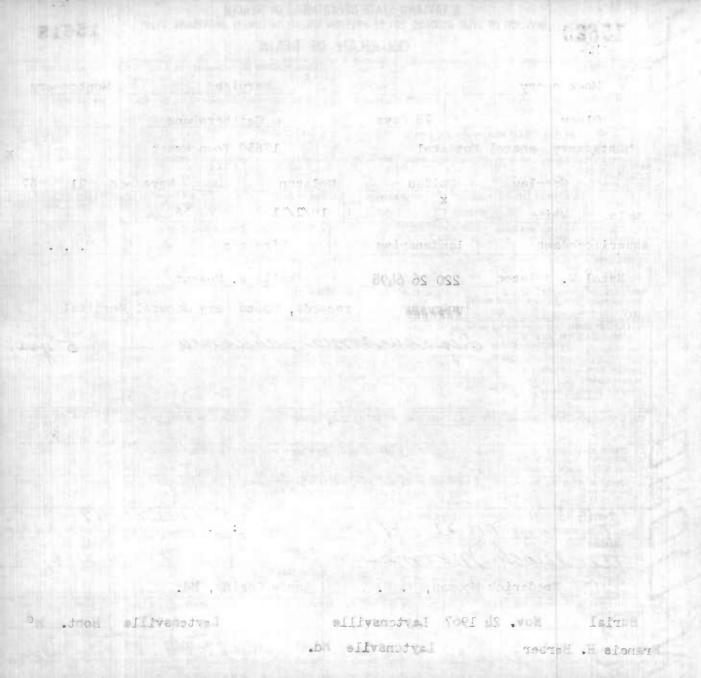
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

15620

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after Page 4 may be retained by the haspital or attending physician.

15615

deat		PLACE OF DEATH					2. USUAL RESIDENCE	E (Where deceas			e befare	admissian)
5- 5		o. COUNTY MO	ntgomery		o. STATE Maryland b. COUNTY Montgomery							
ages ages s afte	b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town)						c. CITY OR TOWN (II	nearest	tawn)			
DOU P	Olney 78 days							Saithers	burg			15-1
Find Park	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Montgomery General Hospital						d. STREET ADDRESS	00 m				IS RESIDENCE ON A FARM?
€ 5 £ 69			mery Genera	II Hosp			N	30 Town	Crest		y E	ES NO 🕟
ogn wit	3. NAME OF DECEASED		First		Middle		Lost	4. DATE	Mar		Day	Year
carl ent,	5.	Type or print)	Greeley				Holston	DEATH	Nove	mber I IF UNDER 1	21	19 6 7 IF UNDER 24 HRS.
nave ny ev	3.	Male	6. COLOR OR RACE White	7. MARRIED WIDOWED	_		B. DATE OF BIRTH 10/2/31	1	last birthday)	Months	Days	Hours Min.
ton. by the attending physician and completely filled-in by transit permit. Then please remave carban papers. Frematian, ar remaval, and in any event, within 72 bour	10o duri	USUAL OCCUPATION on most of working to Super1 rice	(Give kind of wark done life, even if retired) endent	10b. K	IND OF BUSINESS OR HOUSTRY			ginia	reign country)	12. CITI COL	ZEN OF VINTRY?	MHAT A.
nysic al, al	13. FATHER'S NAME					14. MOTHER'S MAID	EN NAME			/		
g pł Ther mav			W. Holston		20 26 6498			E. Mus		,		
it.]	IS. (Ye	WAS DECEASED EVE	R IN U.S. ARMED FORCES? (If yes give war ar dates a	f service)	SOCIAL SECURITY NO.		NFORMANT		Addı			
erm erm in, d	,	no		45		re	cords, Mor	rtgomery	Genera	I Hosp	i.tal	
physician. signed by the c burial-transit p burial, crematio	1B. CAUSE OF DEATH (Enter anly ane cause per line for (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) A CROSSING alackomen										ONSE	RVAL BETWEEN
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haspital or certificate iched far u pt. of Healt	CERTIFICATION	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY	CAUSE OF DEATH	20b. DI	ESCRIBE HOW INJURY OF	CURRED.	(Enter nature af injury	in Part 1 or Por	I II of item IB.)			
the haspi r this certi detached te Dept. o	MEDICAL	20c. TIME OF INJU Haur o.n	10	20d. I While			CE OF INJURY (Hame, ory, street, affice bldg.,		(City or town)	(Cau	nty)	(State)
R: Afte uld be uld Sta the Sta		21. I certif	y that (I) (this has	pital) atten	ded the deceased	fram ind tha	t death occurred	1965 to	fram causes	and on th	7, tho	t (I) (we) last stated abave.
be retained DIRECTOR: ge 3 should led with the		22a. SIBNATURE	0 ~ /	15	religions		ATTENDING	MED.	STAFF -	22b. DA		
DIRE OIRE ed v		Tu	duch	m	romai	- M.I	D. PHYS.	DIRECTOR	PHYS. L	11-	2/-	6/
AL Page		22c. VHYSICIAN'S NAME (Type)	Frederic	k Moon	mau, M. D.		Sandy S	Spring.	Md.			
o FUNER director, shauld b	230	BURIAL, CREMATIO	N, 23b. DATE THE	REOF	23c. NAME OF CEME	TERY OR	CREMATORY	23d. LO	CATION (City or To	own)	(County)	(State)
o FUN direct		REMOVAL (Specify)	Nov.	24 196	7 Laytens	rille		La	rtensvil	le M	ont	Md
VR A15 (4)	-	FUNERAL DIRECTO	R		ADDRESS	17.		EC'D BY REGISTR		EGISTRAR'S SI		
25M 1/67	F	rancis H.	Barber		Laytensv	rie	Md. DATE	NOV 27	1967	Cleary	By S	udel



MARYLAND

c. LENGTH OF STAY IN 1b

140AVS

Middle

NEVER MARRIED

10b. KIND OF BUSINESS OR

16. SOCIAL SECURITY NO

INDUSTRY

DIVORCED

O. STATE MARYLAND

d. STREET ADDRESS

Lost

DATE OF BIRTH

17. INFORMANZ

14. MOTHER'S MAIDEN NAME

BETHESDA

hours after deoth

PHYSICIAN: The low requires that the death certificate be executed

within-72

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or removol.

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burial-tronsit

use Heolth

detached

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be filed with the

this certificate 20

DIRECTOR: After

FUNERAL director, should br

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VR A15 (4) 25M 1/67

O HOSPITAL

signed by

the hospitol or attending physician.

corbon

physicion

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year

6. COLOR OR RACE

IMMEDIATE CAUSE

DUF TO

WHITE

7. MARRIED

WIDOWED

20d. INJURY OCCURRED Nat While at wark

factory, street, office bldg., etc.)

M.D.

ADDRES

ATTENDING

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.)

20e. PLACE OF INJURY (Home, form,

1967 to

DIRECTOR

(City or town)

STAFF

20, 1967 that (I) (we) last 19 4 /, and that death accurred at 730 A M, fram causes and an the date stated above 22b. DATE SIGNED

(County)

15616

Day

20

Days

12. CITIZEN OF WHAT

COUNTRY?

IF UNDER 1 YEAR

Months

e. IS RESIDENCE ON A FARM?

YES NO IX

Year

IF UNDER 24 HRS

Hours

INTERVAL BETWEEN

ONSET AND BEATH

19. WAS AUTOPSY PERFORMED?

NO X

(State)

(State)

19 67

2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission)

AGE (In years

last birthdoy)

c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest tawn)

LENWOOD

OF DEATH

my Sylvania

11. BIRTHPLACE (County & State, or fareign country)

b. COUNTY/

Address

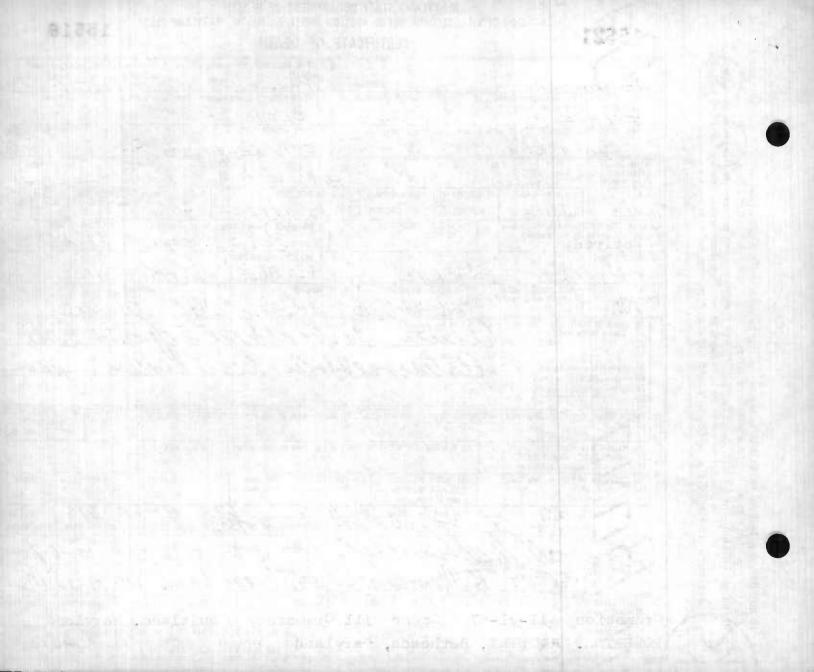
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) Cremation 11-21-67 Cedar Hill Crematory Suitland, Maryland

24. FUNERAL DIRECTOR

PUMPHREY. Bethesda.

250. REC'D BY REGISTRAR Maryland

25b. REGISTRAR'S SIGNATURI Charles Judge



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15622 15617 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 hours after deoth 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY c. LENGTH OF STAY IN 16 d. STREET ADDRESS pital, give street address) ON A FARM? NO X event, within YES | 3. NAME OF DATE Year DECEASED (Type or print) OF DEATH 19 607 S. SEX AGE (In years 6. COLOR OR RACE IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED hirthday) Months Days WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of wark dane 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT WINDUSTRY S. GOVT during most of warking life, even if retired) COUNTRY? ottending physician permit. Then pleose KETIRED 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or removal. EDITH PRIM M HLLEN HORNSB 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, na, ar unknown) (If yes give war or dates af service) EDITH M. HORNSBY-10102 GA. AVE cremotion. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (o)...(b), and (c). signed by the buriof-transit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gave rise to immediate cause (a). DUE TO stating the underlying couse WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Manth, Day, Year Haur a.m. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City ar town) (County) (State) factory, street, affice bldg., etc.) Nat While at wark at wark 21. I certify that (1) (this hospital) attended the deceased fram. saw the deceased alive an_ and that on the date stated above 220. SIGNATURE M.D. DIRECTOR 22d ADDRESS 22c. BAYSICIA TO FUNERAL NAME (Type 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, BREMOVAL (Specify) 11-11-1967 Gate of Heaven Cemetery Silver Spring, To.

REGISTRAR 25b. REGISTRAR'S SIGNATURE So nappress no. 2So. REC'D BY REGISTRAR Joseph Gawler's 24 FUNERAL DIRECTOR Joseph 5130 Wisc. Ave. N.W.

* 2003 1 F 18812 Theriamous Theritan Little Loring 5 dags Silver sounds Treba Cross Hospitas 10102 Horga HR. Habert P. Hernoby New M W June 2,887 80 Wise the inside

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

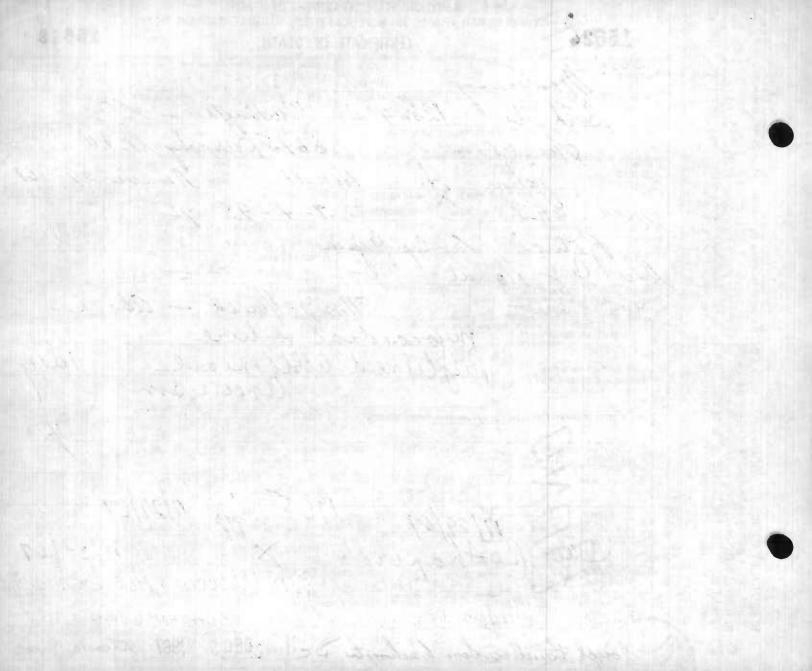
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			CERTII	FICALE	OF DEATH					-	•
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o. COUNTY	36			NO 1445	o. STATE		b. (OU	NTY			1
	Montgome	ry		YLAND	Ohi		- 12 24 25 PM	IDAL I			
b. CITY OR TOV	VN (If autside carporate limit and give nearest town)	s,	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If au	itside carpo	rote limits, write KU	IKAL and give	e neares	r town)	
	Bethesda		87 Days	5	Cle	evela	nd		- 16	77	3
	SPITAL OR INSTITUTION (If no	ot in hospitol,			d. STREET ADDRESS					e. IS RESI ON A F	DENCE ARM?
The Cli	nical Center	. Beth	esda. Marv	rland	1165 Eas	st 60	th Street	,		YES	NO T
3. NAME OF	Fi		Middle		Lost	4. DATE			Doy	Ye	ar
(Type or print)	Ther	0.50	(NMN)		Horzen	OF DEAT	H Novem	hon	22	19	67
S. SEX	6. COLOR OR RACE	7. MARRIED		D []			9. AGE (In years	IF UNDER	1 YEAR		R 24 HRS.
3. 3LA			A		PER COLUMN	904	lost birthdoy)	Months	Doys	Hours	Min.
Female		WIDOWED		0 11	O September		63 Yrs.				
IDo. USUAL OCCUPA	TION (Give kind of work done		CIND OF BUSINESS OR		11. BIRTHPLACE (County	& Stote, or	foreign country)		TIZEN OF		
during most of wor	king life, even if retired) ISEWITE	Ow	NDUSTRY N HOME		V11 C	osla	via		IISA		
13. FATHER'S NAM		040	70 10000		14. MOTHER'S MAIDEN	NAME	<u>v</u>		U).//A_		
TO. TATTIER S TATI			To report the				m • 1				
	Joseph						a Titan				
IS. WAS DECEASED	DEVER IN U.S. ARMED FORCES? wn) (If yes give wor or dotes or	of convice) 16.	SOCIAL SECURITY NO.	Ala	NFORMANT The Me	edica	l Records	ess			
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	F DEATH (Enter only one cou	ico nor lino fo			VIIIII CAL	renue.	- Indian	1111		ERVAL BE	TWEEN
PART I.	DEATH WAS CAUSED BY:				-10 7 7 - 10				ON	ISET AND	
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4/	DUE	10									
	ony, which gove	(b) M:	itral Sten	osis					V	ears	
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lost.	inderlying couse	(a) TO 3.	neumatic H		D:				31) yea	are
	,					UDITION O	MEN IN DARK 1/ 1		-	WAS AUT	
PART II. OTHI	R SIGNIFICANT CONDITIONS								19.	PERFORA	NED?
Post	operative St	arr-Ed	dwards mit:	ral v	alve replac	ement	6 day:	S	Υ	ES 🗶	NO 🗌
ZDo. ACCIDENT	WAS UNDERLYING	20b. D	ESCRIBE HOW INJURY	OCCURRED.	(Enter noture of injury in	Port I or P	ort II of item 1B.)				
OR CONTRIBU	TING CAUSE OF DEATH										
	TIFY MEDICAL EXAMINER) INJURY Month, Doy, Year	204	INJURY OCCURRED	1 20 p DI A	CE OF INJURY (Home, form	n. 20f.	(City or town)	150	unty)		(Stote)
2Dc. TIME OF	r'a.m.	Whil			ary, street, affice bldg., etc.		(6.11)	(00			(2.0.0)
	p.m. 19	ot wo	rk ot work								
21. 1 c	ertify that (%) (this has	pital) atter	nded the deceased	from 27	August ,	1967,	to 22 Nov	, 19	67, th	nat (#) (we) las
sow th	e deceased alive an 2	2 Nove	mber 19 67	and that	deoth occurred at	1:10	M, from causes	and on t	he dat	e state	d above
220. SIGNAT						A	M		ATE SIGN		- / 1 - 1
220. 3101861	Eric H.	Tohnson	n	M.E	ATTENDING	MED.	STAFF 18	1 22	Mosr	196	7
		0111104	1	141.1							
22c. PHYSICI NAME (14	/		22d. ADDRESS Th			-			بالم
HAMIL (my Cuc H.	10	mson		Institute	es of	Health,	Bethe	sda,	Md.	
23o. BURIAL, CREA	MATION, 23b. DATE TH	EREOF/	23c. NAME OF CEN	METERY OR	CREMATORY	23d.	LOCATION (City or T	own)	(County	()	Stote)
REMOYAL (Sp	secify)	7. 196	7 0-1				Leveland	Ohi			
DULA	ECTOR 10 2	190	7 Calvar	y en	LEARRY 250 DEC	D BY REGIS		REGISTRAR'S		RES	n Mari
24. FUNERAL DIR	Matternes B	Thomas	Silver Spr	rgia	Ave.		8 1967	Tolia	YES	Took !	
warner &	· Pumphrey.	Inc.	Silver Spr	ina.	Md. DATE N	UV Z	0 1001	1		0	

by the funeral Pages 1 and 2 TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely titled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove corban pagers. Pages L and 2 should be filed with the State Dept. of Health prior to buriol, cremotion, or removol, and in any event, within 22 hours after dept. 10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. Page 4 may be retoined by the hospital or ottending physicion. VR A15 (4) 25M 1/67

and the latter of the property of the latter

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15624 15619 CERTIFICATE OF DEATH after death. 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEATH a. COUNTY a. STATE b. COUNTY MARYLAND b. CITY OR TOWN (It outside corporate limits, write RURAL orde give negrest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If an rside carparate limits, write RURAL and give negrest tawn) 24-hours e. IS RESIDENCE ON A FARM? d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) NO D within requires that the death certificate be executed within 3. NAME OF Middle DATE remave carban campletely DECEASED OF DEATH (Type or print) 9. AGE (In years last birthday) S. SEX 8. DATE OF BIRTH IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Manths Days Haurs WIDOWED DIVORCED physician and 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. 81RTHPLACE (County & State, or foreign country) during most of working life, every (etired) **COUNTRY?** ENN 13. EATHER'S NAMI 14. MOTHER'S MAIDEN NAME ar remaval, WAS DECEASED EYER IN 1/8. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMAN 17. permit. (Yes, na or unknown) (If yes give war or dates af service) WW crematian, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) burial-transit purial, cremati ONSET AND DEATH PART I. DEATH WAS CAUSED 8Y: signed by 1 IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause as the the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been last. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. PERFORMED? use Health p YES NO far 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) detached f te Dept. af I OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) 20c. TIME OF INJURY Manth, Day, Year Haur a.m. factory, street, affice blder, etc.) Nat While at wark 21. I certify that (1) (this hospital) attended the deceased fram be retained should and that death occurred at 9 ...M, from causes and on the date stated above. saw the deceased alive an 22b. DATE SIGNED 22a. SIGNATURE ATTENDING M.D. DIRECTOR PHYS. PHYS director, page shauld be filed 22c. PHYSICIAN'S NAME (TYPS) 23a. BURIAL, CREMATION 23b. DATE THEREOI NAME OF CEMETERY OR CREMATOR 23d. LOCATION (City or Town) (State) REMOVAL (Specify) BLADENSBURG 25b. REGISTRAR'S SIGNATURE ADDRESS IS . A LEW N. W 250. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 25M 1/67



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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15621 15626 CERTIFICATE OF DEATH death. and 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) funera o. COUNTY XXDalexarliaxXkreekx Mont. Montgomery MARYLAND The law requires that the death certificate be executed within 24 haurs after b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town) write RURAL and give neorest town) haurs d in b d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? filled Dalecarlia Street NO Z NAME OF Middle 4. DATE Month pou Lost Doy Year and campletely DECEASED Elizabeth E. Trwin 77 6 6 19 Car (Type or print) DEATH S. SEX 6. COLOR OR RACE 7. MARRIED DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS NEVER MARRIED remave last birthdoy) 4-17-1897 Hours Female White WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR and in 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT lease during most of working life, even if retired)
Army Map COUNTRY? A. Govt. Virginia 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME N.C. Bowling Marion English the attending passit nermit. The 17. INFORMANT 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO Address (Yes, no, or unknown) (If yes give wor or dotes of service) Falmouth, Va. 8-28-3412 Lottie Owens crematian, 1B. CAUSE OF DEATH (Enter only one couse per line for (o), INTERVAL BETWEEN (b), one (c).) signed by the burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (a). DUF TO stoting the underlying couse has been the priar to PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? use Health YES T NO O FUNERAL DIRECTOR: After this certificate PHYSICIAN: be retained by the haspital ar for 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) foctory, street, office bldg., etc.) Hour o.m. Not While ot work be 21. 1 certify that (1) (this hospital) attended the deceased from , that (I) (we) last saw the deceased alive on_ and that death occurred at M. from causes and on the date stated above 220. SIGNATURE 22b. DATE SIGNED ATTENDING M.D DIRECTOR PHYS PHYS , page be filed 22d. ADDRESS 22c. PHYSICTAN'S NAME (Type) directar, 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23o. BURIAL, CREMATION, 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) 25b. REGISTRAR'S SIGNAT FUNERAL DIRECTOR 2So. REC'D VR A15 (4 20 M 1/66 DANDV

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		1100 3800		
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1562			CERTII	FICATE	OF DEATH				-
1. PLACE OF DEATH a. COUNTY	lontgomery		MAR	RYLAND	2. USUAL RESIDENCE (W o. STATE Maryl		b. COUNTY	Residence befare of Montgome	ndmissian)
b. CITY OR TOWN write RURAL or STLVE	(If outside corparate limits d give nearest tawn)	,	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If aut	side carparate limit		and give nearest t	awn) /5 = /
	TAL OR INSTITUTION (If no Cross Hospi		ive street address)		d. STREET ADDRESS 911 I	amberton	Drive		IS RESIDENCE ON A FARM?
3. NAME OF DECEASED (Type or print)	Fir MOR		Middle	JA(COBSON	4. DATE OF DEATH	Month Nov.	Day 23	Year 1967
s. sex Male	6. COLOR OR RACE White	7. MARRIED WIDOWED	NEVER MARRIE		DATE OF BIRTH 12/24/07	9. AGE (Haurs Min.
during 100 USUAL OCCUPATIO	N (Give kind of wark dane life, even if retired)	10b. KI	nd of Business or Dustry Equi	pment	11. BIRTHPLACE (County 8 Baltimor		intry)	12. CITIZEN OF W	. S.
13. FATHER'S NAME Louis	Jacobson				14. MOTHER'S MAIDEN N. Ida Mary	AME			
	ER IN U.S. ARMED FORCES? (If yes give war ar dates a	service)	SOCIAL SECURITY NO. 78-01-6099		FORMANT avid Jacobs	on (same	Address as 2	above)	
Conditions, if any rise to immedio stating the undulast. PART II. OTHER S	te couse (a), erlying cause	(b) <u>o</u>	O DEATH BUT NOT RE	ELATED TO T	HE TERMINAL DISEASE CONT	grandition given in pa	ART 1(a)	19. W	AS AUTOPSY RFORMED?
	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DE	SCRIBE HOW INJURY O	OCCURRED. (Enter nature of injury in P	art I ar Part II af i	tem 18.)	YES	NO -
20c. TIME OF IN	URY Month, Day, Year	20d. It While	IJURY OCCURRED Nat While at work		E OF INJURY (Hame, farm, ry, street, affice bldg., etc.)	20f. (City	ar town)	(County)	(State)
21. I cert saw the d 220. Is GNATURE 22c. PRYSICIAN' NAME (Type		oital) attend	led the deceased	framand that	ATTENDING	MED.	causes and	196/that an the date 22b. DATE SIGNED 11-23	
230. BURIAL, CREMATI REMOVAL (Specif Buria 24. FUNERAL DIRECTO Goldberg	11-26-	-1967	Natl. M ADDRESS	lem. P	ark 2So. REC'D	23d. LOCATION Fall BY REGISTRAR	Church 25b. REGISTI		Michael)

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours after Page 4 may be retained by the hospital or ottending physician. **TO FUNERAL DIRECTOR:** After this certificate hos been signed by the attending physicion ond completely filler in by director, page 3 should be detached for use os the buriol-tronsit permit. Then pleose remove corbon papers. Pa should be filed with the Stote Dept. of Heolth prior to buriol, cremation, or removal, and in any event, within 22 hours

VR A15 (4) 25M 1/67

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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CEDTICICATE OF DEATH

			CERTIFI	CAIL	OI DEATH						
1.	PLACE OF DEATH				2. USUAL RESIDENCE (Where deceosed live	d, if institution	n: Residence	before	odmissio	on)
	o. COUNTY Man la		MARYL	AND	o. STATE	1	b. COUNTY	m_	1		
-	b, CITY OR TOWN (If outside corporo	te limits	c. LENGTH OF STAY IN		c. CITY OR TOWN (If ou	utsida comarata limi	te write DIIDAI	and give	norross	town	4
	write RURAL and give negrest to	wn)	C. LENGTH OF STAT IN	10	c. ciri ok lowie (ii oc	inside corporore ilmi	IS, WITTE KUKAT	. one give	iikais 21	Town	-
	Altherd	w	15 de	y	Bet	Hedw				10	1
	d. NAME OF HOSPITAL OR INSTITUTIO	N (If not in ho			d. STREET ADDRESS				e.	ON A FA	
	As a	ubeut	an Hospital	-	8712 1	Johawa	La		У	ES 🔲	NO X
3.	NAME OF	First	Middle	7	Lost	4. DATE	Month		Doy	Yeo	or
	DECEASED (Type or print)	Doth	newcomb-	H	merk.	OF DEATH	Thors	-	16	19 6	60
S.	SEX 6. COLOR OR R	ACE 7. MA		MI	B. DATE OF BIRTH	The second second	(In yeors	IF UNDER 1	YEAR	IF UNDER	
	1		OWED DIVORCED	H	4/11/10-		birthdoy)	Months I	Doys	Hours	Min.
10	T W		43		1/14/18/	4 73	yrs.	1 10 CITI	7511 05	LABIAT	
dui	o. USUAL OCCUPATION (Give kind of wor ring most of working life, even if retired	rk done	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (County	& Stote, or foreign co	untry)	12. CITIZ	NTRY?	WHAI	
	Housewife	2			Loai	WioCon	sen	1000			
13	FATHER'S NAME	0			14. MOTHER'S MAIDEN	NAME	NI		2		
	John .	×.	New Com	-	Dele	is S.	Ch	ust	w		
15	. WAS DECEASED EVER IN U.S. ARMED F	ORCES?	16. SOCIAL SECURITY NO.	17. 1	00,000	ghter	Address				
(Y	es, no, or unknown) (If yes give wor or	r dotes of service	535-09-0143		- 4 4		Same	e as	It	em	2.
_	100) III	s. Robert	W.KIII					
	1B. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED E	DV.							ONSE	RVAL BET	WEEN
		CAUSE (o)	Infarction, co	ereb	rum, massiv	e			15	days	5
	0 30 1	DUE TO						41			
	Conditions, if ony, which gove	(b)	cerebral arte	rios	clerosis	1-10 000					
	rise to immediate couse (a), stating the underlying couse	DUE TO									
	last.	(c)									
	PART II. OTHER SIGNIFICANT CONDI		ITING TO DEATH BUT NOT DELA	TED TO	THE TERMINAL DISEASE COL	VOITION CIVEN IN P	APT 1(a)		119 1	WAS AUTO	OPSV
CERTIFICATION	TAKT II. OTTEK STORT CORD	TIONS CONTRIBU	DINO TO DEATH BUT NOT KEEP	IILD IO	THE TERMINAL DISEASE COL	ADITION SIVEN IN F	AKI I(U)		F	PERFORM	ED?
S									YES	3	NO [
RTE	20o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEAT		20b. DESCRIBE HOW INJURY OC	CURRED.	(Enter noture of injury in	Port I or Port II of	item 18.)				
2	(IF EITHER, NOTIFY MEDICAL EXAMINE										
MEDICAL	20c. TIME OF INJURY Month, Doy,	Yeor	20d. INJURY OCCURRED		CE OF INJURY (Home, forn		or town)	(Coun	ity)	((Stote)
MED	Hour o.m.	19	While of work O	foct	ory, street, office bldg., etc.						
	01 A				JAW	95730 1	2/01/	10 /	74.	A (1) (\ I.
	21. I certify that (I) (th		offended the deceosed to	rom				, 19_0	Inc	ot (I) (we) 10
	saw the deceased alive	on_///	26_1962,0	na ma	death occurred of	Z/-3 IVI, ITOI	ii conses oi				abov
	220. SIGNATURE	0/1			ATTENDING	MED.	STAFF -	22b. DAT	E SIGNE	1	
		+0	announ	M.C		DIRECTOR L	PHYS.	111	3	6/0	52
	22c. PHYSICIAN'S NAME (Type)	1500 -	- DONOVA	1	22d. ADDRESS) (,	10	
	MAINTE (TYPE) /JR	4120 -	T DOWN Y	7~	18018	NIJCA	NE V	200	5	n	
23	o. BURIAL, CREMATION. 23b. 1	ATE THEREOF	23C NAME OF CEME	ERY OR-	(REMUDRY etery	23d. SQCAHOA	Kity of Jawn	Pr.	(6)	ME	tote)
	wiremail ou II	-2/-0	/ Cedar		Loemetery	Bull	Land	- 1 0	-	110	
2	4. FUNERAL DIRECTOR	3	T-ADDRESS		A I 2So. REC'I	BY REGISTRAR	2Sb. REGI	STRAR'S SIG	NATURE		
	Robert A Pump	nrey .	ZEEZ-WASSON	gin	DATEDE	C 4 198	7 00	learl	a 0	uda	L
					DAILUL	0 4 100	11 /	-	- V	1	

to HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban pages. A shauld be filed with the State Dept. af Health priar to burial, crematian, or removal, and in any event, within 72 haur

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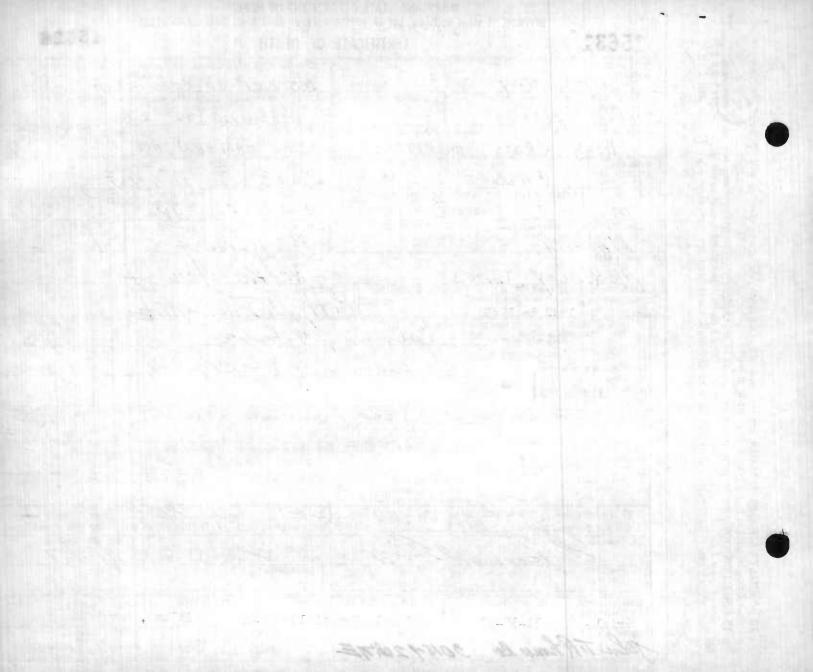
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH the funeral death. after death 1. PLACE DE DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) e. COUNTY b. COUNTY after oward b. CITY OR TOWN (if outside corporate limits, MARYLAND and by the Pages c. CITY OR TOWN (If ourside corporete limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b write RURAL and give nearest town) rs. Pag hours 0 SSU = e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS etely_filled ON A FARM? papi NO P YES 3. NAME OF First Middle DATE Month Day Yeer Last DECEASED event. DEATH ovem 19 (Type or print) The Mae hnsvn executed 8. DATE OF BIRTH 5. SEX 6. COLOR OR RACE 9. AGE (In years | IF UNDER 1 YEAR **IF UNDER 24 HRS** and cor NEVER MARRIED 7. MARRIED [last birthday) Months Days Hours in any WIDOWED DIVORCED rema Wovember 10a. USUAL OCCUPATION (Give kind of work done) 12. CITIZEN OF WHAT physician and ph 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) INDUSTRY certificate be MonTGomery removal, 13. FATHER'S NAME MOTHER'S MAIDEN NAME 14. ester nn Son 2 homasinea 01 been signed by the attend the burial-transit permit. For to burial, cremation, or re 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) (If yes nive war or dates of service) death MOTH above INTERVAL BETWEEN CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] The law requires that the ONSET AND DEATH PART I. DEATH WAS CAUSED BY: PHYSICIAN: The law requires that the hospital or attending physician. IMMEDIATE CAUSE (a DUE TO Conditions, if any, which gave rise to immediate as the prior to DUE TO (a), stating underlying cause last. this certificate has for use as f Health prio (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO-F YES 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Db. DESCRIBE HOW INJURY OCCURRED. (Enter neture of injury in Part I or Pert II of Item 18.) detached for te Dept. of h MEDICAL 20e. PLACE OF INJURY (Home, farm, 2Df. (City or town) (County) (State) TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED be de State factory, street, office bldg., etc.) Hour a.m. While Not While director, page 3 should be d should be filed with the State ATTENDING retained by at work at work 19 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at 24 M, from the causes and on the date stated above. saw the deceased alive on 22b. DATE SIGNED 22a. SIGNATURE ATTENDING PHYS. DIRECTOR M.D. PHYS. 4 may PHYSICIAM'S 22d. ADDRESS NAME (Type) GORMAN BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) Gate of Silver Spring, 10/ eaven Cemet err 24. FUNERAL DIRECTOR REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE ADDRESS 25a. Funeral Home Wheeler VR A15 (4) 15M 4-64

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before odmission) o. COUNTY o. STATE b. COUNTY 2, and 3 to RM3. Page deloy is Maryland Montgomery Montgomery MARYLAND c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 Silver Spring 27 days Silver Spring Depart e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS 10204 Grenock Road Holy Cross Hospital Give Pages YES NO X File poges lond 2 with the State This certificate should be executed within 24 hours after death. icate, writing the word "pending" in pencil in Item 18. Give Page: 4. DATE the certificate, writing the word "pending" in pencil in Item 18. Give Pag 4 should be farworded to the Chief Medical Exominer's Office olong with NAME OF Middle Lost Month Year DECEASED Morris 16 Type or print) Edward Johnson DEATH 19 67 IF UNDER 1 YEAR IF UNDER 24 HRS DATE OF BIRTH 9. AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 12/29/07 lost birthdoy) Months Hours White event within 72 hours ofter death Male DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? Accountant-Supervisor-Wash Gas-It-Co Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Albert Bunch A. Johnson cua Silver Springeres Paryland 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT buriol-tronsit permit. (Yes, no, or unknown) (If yes give wor or dotes of service) Alida Johnson 10204 Grenock Road 577-07-7386 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH Acute pulmonary embolization accompanied by IMMEDIATE CAUSE (o) DUE TO acute subdural hematomata and Leptomeningitis any Conditions, if ony, which gove rise to immediate couse (o), .= DUE TO stoting the underlying couse 0 puo may be retained for your files. FUNERAL DIRECTOR: Page 3 should be used PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS removal, NO. 20a. EXTERNAL CAUSE WAS PRIMARY ⚠ or CONTRIBUTING □ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter notuce of injury in Part I or Port II of item 18.)
Deceased fell at home before hospitalization, EXAMINER: CAUSE OF DEATH striking head crematian, 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) (Stote) 20d. INJURY OCCURRED (County) 20c. TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) Hour o.m xx 10-18 1967 ot work Silver Spring Montg Md. Page 4 ot work 21. I certify that I took charge of the remains described above, held on Autopsy Inquiry X Inspection X, ond in my opinion Notural couses deoth resulted from: Undetermined monner the funeral director. Homicide CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE prior DEPLIEY MEDICAL EXAMINAR ELDEN Health NAME (Type) 23c. NAME OF CEMETSRY OR CREMATORY (County) BURIAL CREMATION 50 REMOVAL (Specify) It. Lincon Cemetery 400. Prince Counte 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15ME 1967 Miliania Pumphrey. Inc. 6M 1/6

Items 18-21 Film 396 12-2 MARYLAND STATE DEPARTMENT OF HEALTH

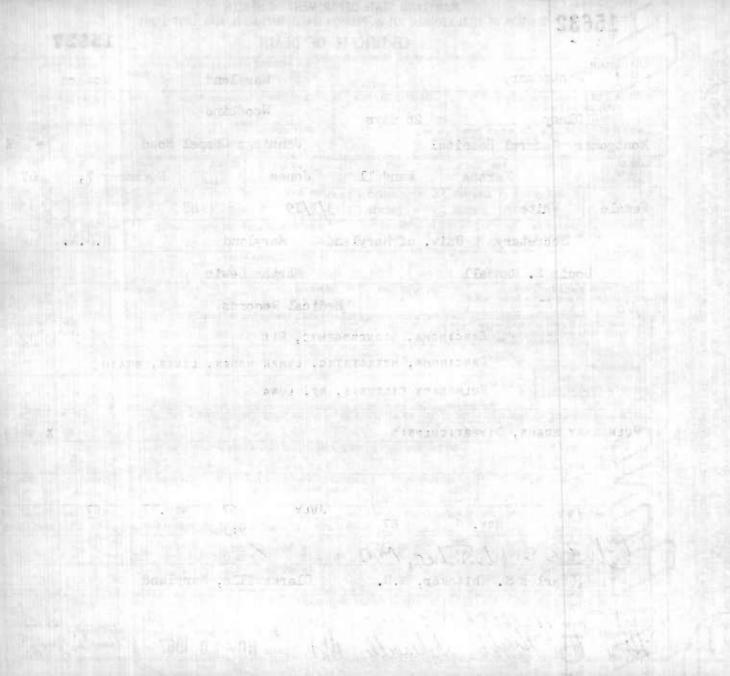
ACCOMMENDED AND ACCOMMEND ACCOMMEND AND ACCOMMEND ACCOMMENDATION ACCOMMEND ACC ont of the control of La van de la cara la cara de la c illyer cycles holy role normical hard section TARREST TO THE PARTY OF THE PAR

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15626 CERTIFICATE OF DEATH 15631 . PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission). o. COUNTY b COUNTY MONTGOMERY MOTRICT OF COLUMBIA MARYLAND and in any event, within 72 haurs aft TITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corparate limits, write RURAL and give negrest town) SPRINIB LUER NASHING TON requires that the deoth certificate be executed within 24 ho d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? oper 7036 CASTERN 055 YFS NO K 3. NAME OF Middle 4. DATE First Lost Month Doy Year DECEASED OF HARLES - ONES DEATH 19 (Type or print) IF UNDER 24 HRS. IF UNDER 1 YEAR S. SEX B. DATE OF BIRTH 9. AGE 6. COLOR OR RACE 7. MARRIED NEVER MARRIED (In years lost birthday Months Doys Hours remov WIDOWED DIVORCED 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) ottending physician sermit. Then please INDUSTRY COUNTRY? 13. FATHER'S NAME 14. MOTHER'S, MAIDEN NAME buriol, cremation, or removol, WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT 16. SOCIAL SECURITY NO. (Yes, no, or unknown) ((If yes give wor or dotes of service) 1942 to 1943 INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). buriol-tronsit PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) signed by by the hospital or attending physicion. DUE TO Conditions, if ony, which gove (b) rise to immediate couse (a). DUF TO stoting the underlying couse prior to the PHYSICIAN: The low last WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO certificate 0 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) O FUNERAL DIRECTOR: After this Not While Hour o.m. foctory, street, office bldg., etc.) ot work at work 21. I certify that (1) (this hospital) oftended the deceased from 1966, to 1600/1, 1967 that (1) (we) last O HOSPITAL OR ATTEND Poge 4 moy be retained director, page 3 should should be filed with the 19 67, and that death occurred of 5 4 M, from couses and on the date stated above. saw the deceosed alive on 22o. SIGNATURE 22b. DATE SIGNED M.D. PHYS. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23o. BURIAL, CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) 23b. DATE THEREOF (County) REMOVAL (Specify) Suitland, Maryland Lincoln MemorialCemetery Burial 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR VR A15 (4) 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15627 CERTIFICATE OF DEATH death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY Montgomery a. STATE b. COUNTY Maryland Howard MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside carparote limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 Woodbine 24 hours 28 days d. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital, give street address) d. STREET ADDRESS ON A FARM? Jennings Chapel Road Montgomery General Hospital NO A OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 3. NAME OF Middle 4. DATE Year DECEASED 1967 Martha Randall November Jones (Type or print) DEATH IF UNDER I YEAR IF UNDER 24 HRS 9. AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH birthday) White Female WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or fareign country) 12. CITIZEN OF WHAT during most of working life, even if retired ary physician a of Maryland Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME crematian, ar remaval, Louis R. Randall Martha Lewis 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, na, or unknown) (If yes give war ar dates af service 16. SOCIAL SECURITY NO. 17. INFORMANT Address Medical Records ONSET AND DEATH
3 MONTHS 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY:

CARCAMOMA
PART I. DEATH WAS CAUSED BY: CARCINOMA, BRONCHOGENIC, RLL Page 4 may be retained by the haspital or attending physician. DUE TO CARCINOMA, METASTATIC, LYMPH NODES, LIVER, BRAIN Conditions, if any, which gave rise ta immediate cause (o), DUE TO PULMONARY FIBROSIS, RT. LUNG stating the underlying cause WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? PULMONARY EDEMA. DIVERTICULOSIS YES X 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) 20c. TIME OF INJURY Manth, Doy, Year factory, street, office bldg., etc.) at wark 21. I certify that (I) (this haspital) attended the deceased fram-saw the deceased alive an Nov. 6 19 67, and the JULY 196/ ta Nov. / 1967, that (1) (we) last 19 67, and that death accurred at 9.31.4M, fram causes and an the date stated above. O FUNERAL DIRECTOR: 22a. SIGNATURE 22b. DATE SIGNED DIRECTOR directar, page shauld be filed 22d. ADDRESS NAME (Type) Charles S. Whitaker. M.D. Clarksville, Maryland 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL CREMATION. (County) (State) REMOVAL (Specify) 24. FUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15633 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 15628 HEALTH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) o. STATE deloy is and 3 to Page MARY And Montgomery
OR TOWN (Noutside corporate limits, write RURAl and give nearest town) MARYLAND CLENGTH OF STAY IN 1h pup P.M3. D.O.A. TAKOMA tota Depo e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS 4 should be forwarded to the Chief Medical Examiner's Office along with form Richie Give Poges YES NO X hours ofter deoth. NAME OF DATE Year DECEASED OF DEATH permit. File pages land2 with the ndRew November 1967 Jordan (Type or print) IF UNDER 1 YEAR 6. COLOR OR RACE NEVER MARRIED AGE (In years IF UNDER 24 HRS 7. MARRIED lost birthdoy) Months in Item 18. Doys Hours hours ofter deoth SED DIVORCED 10a. USUAL OCCUPATION (Give kind of Work done 11. BIRTHPLACE (Stote or foreign country) 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT during most of working lite, even if retired) COUNTRY? MARY IANd. 13. FATHER'S NAME pencil be executed within Tordan E. IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dotes of service pending" event within Lee NO. 18. CAUSE OF DEATH (Enter only one couse per lighter (o), (b), and it INTERVAL BETWEEN buriol-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) certificate shauld writing the word **DUE TO** any Conditions, if ony, which gove rise to immediate couse (o). = DUE TO 0 stoting the underlying couse puo 0.5 be used 19. WAS AUTOPS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GUINT IN PART 1(0) removal, the certificate, 20b. DESCRIBE HOW INJURY OCCURRED. 20o. EXTERNAL CAUSE WAS PRIMARY X or CONTRIBUTING ☐ CAUSE OF DEATH. 3 should 0 MEDICAL EXAMINER: MEDICAL (20c. TIME OF INJURY Month, Doy, Year 2 15 11 - 13 1 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, Not While may be retained for your FUNERAL DIRECTOR: Page ot work Page 21. I certify that I took charge of the remains described above, held an Autapsy Inspection C and in my opinior funeral director. Natural causes death resulted from: Acadent XI Hamicide Undetermined manner please 22. DATE SIGNED To FUNERAL D Health prior t SIG NATURE O DEPUTY NAME (Type) NAME OF CEMETERY OR CREMATORY the emoRIA VR A15ME (5) 6M 1/67

7.8 House total market town towns the total D.C.A Thrank Parket Takens Park Washington Sonas Hep. 141 28 Riche Morning Loc Andrew Jordan JR. Horenter 13 167 Frank 2 200 200 300 300 31 But their Maryland. Heka May WARKER Lee A Jordan SR. Section of the second section is Secretary of the Contract of t Library of Books Mary on Li - The King of the Control of the Con THE LOEV HE PROOF IN THE FEET WELL AT YOU

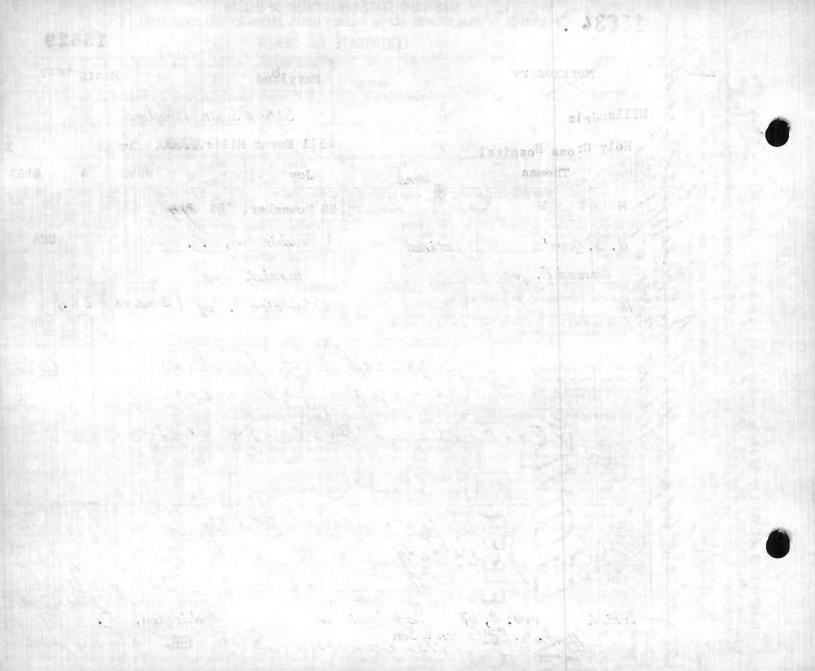
15634

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

15629

F 2 4		
and death	1. PLACE OF DEATH o. COUNTY Montgomery	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) Markelland b. COUNTY Montgomery
7000	o. COUNTY MONEgomery	Maryland b. COUNTY Montgomery
3 L = \	MARYLAND	
E B S	b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 write_RURAL and give nearest town)	c. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest tawn)
hours after death. in by the tuperal is. Pages 1 and 2 Z hours after death.	Hillandale	Silver Spring Maryland /5 /
古一年	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)	d. STREET ADDRESS e IS RESIDENCE ON A FARM?
within 24 h. bon papers within 72 h.	Holy Cross Hospital	311 Burnt Mills ModeX Ave YES NO D
事に変え	1 3 NAME OF First Middle	Lost 4. DATE Month Doy Year
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the hospital at attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campleted director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon pshauld be filed with the State Dept. of Health priar ta burial, cremation, ar removal, and in any event, within	DECEASED Thomas Type or print) Ward	Joy OF Nov. 4
\$ 5 5 5 V	SEEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HR
ate be executed vician and camplete lease remave carband in any event,		28 November, '89 (Months Doys Hours Min
and remin an	TO USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT
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age e	U. S. Govn't Retired	The state of the s
if September	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
nov her	Bernard F. Jou	Harriet Ward
Te din th	S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I	INFORMANT Address
equires that the death certificate by physician. signed by the attending physician burial-transit permit. Then please burial, crematian, ar removal, and i	(the sino, acurcknown) (If yes give war or dotes of service)	Ins Beatrice P. Joy (Same as # 20.)
a a a a a	2 (8). CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)	INTERVAL BETWEEN
the sit mating	PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
trer a by	MMEDIATE CAUSE (6)	
equires that the physician. signed by the burial-transit burial, cremat	Conditions, if ony, which gove) DUE TO Mysellike	18 mleyen 1 les.
in the light of th	Do Pise to immediate couse (a)	of greater 1 ac.
a b	stating the underlying couse DUE TO	in Callinian Blue
The law requires the attending physician. The bas been signed by se as the burial-trail hariar to burial, cre	(c) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	gracion for.
The 1 after has has as as	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	HE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) (19. WAS AUTOPSY PERFORMED?
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A He He	206. ACCIDENT WAS UNDERLYING \(\) 206. DESCRIBE NOW INJURY OCCURRED.	(Enter noture of injury in Part I or Port II of item 18.)
PHYSICIAN: he haspital or this certificate etached far u Dept. of Heali	GR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
by the haspi type this cert be detached State Dept. o		CE OF INJURY (Home, form, 20f. (City or town) (County) (Stote)
e e ti e	Hour o.m. While Not While fact	lory, street, office bldg., 9fc.)
by the debe debe debe debe debe debe debe de	p.m. 19 of work of work	
d b d b d b d b d b d b d b d b d b d b	21. I certify that (I) (this haspital) artended the deceased fram_	10/2/695 to 1/4/619 , that (1) (we) le
一一一一一一一一一一一一一一一一一一一一一一一一一一一一一一一一一一一一一一		t death accupred at 1/25th, from causes and an the date stated aba
A S D S S	(220. SIGNATURE)	ATTENDING MED. STAFF 22b. DATE SIGNED
OR ATTENION be retained DIRECTOR: Pie 3 shauld ed with the	XOUN MINM. MI	D. PHYS. DIRECTOR PHYS. DI 1/4/6/
AAL DO	22c. PHYSICIAN'S	22d. ADDRESS
SPITAL 4 may l NERAL D tar, pag ild be fill	NAME (Type)	10000 Josepalux
OS UNI UNI Unid	230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR	CREMATORY . 23d. LOCATION (City or Town)
TO HOSPITAL OR ATTENDING PH Page 4 may be retained by the h TO FUNERAL DIRECTOR: After this director, page 3 shauld be detac shauld be filed with the State Dep	REMOVAL (Specify) Nov. 8, 67 Rock Creek (
5-5	24. FUNERAL DIRECTOR AND K. Huntemann & ADDRESS	25g. REC'D BY REGISTRAR25b. REGISTRAR'S SIGNATURE
VR A15 (4) 25M 1/67	(17) August 5732 Ga Avi	ENW NOV 9 1967 (Clientes Judge
23M 1/0/	Withen Imano Jose ou AV	DATE NOV 9



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FOR STATE	11-20-67 ams DIVISION OF VITAL RECORDS, 301 W. PRESTON MEDICAL EXAMINER'S C	
HEALTH DEPT	PLACE OF DEATH O. COUNTY	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) o. STATE b. COUNTY
y delay is y and 3 to PM3. Page artment of	MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give pagrest tawn) MARYLAND c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (It outside corporate limits, write RURAL and give nearest town)
12, P	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)	BELTSVICLE d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
oges 1	3. NAME OF First Middle	4303 ELMWOOD ROAD YES NO X
INER: This certificate should be executed within 24 hours ofter death. If a should be farwarded to the Chief Medical Examiner's Office along with form files. 3 should be used as a buriol-transit permit. File pages I ond 2 with the State Deption, or removal, and in any event within 72 hours offer death.	DECEASED Company Com	ALEYIAS OF DEATH NOVEMBER 2 1967 DATE OF BIRTH 9. AGE (In years IF UNDER 14 HRS.
urs of n 18. ice alo ice alo d2 wit	The state of the s	LULY 12,1946 2 birthdoy) Months Doys Hours Min. 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
within 24 hours of pencil in Item 18 xaminer's Office of ile pages 1 lond 2 whours offer death	during most of working life, even if retired) UNDUSTRY M. C.	WASHINGTON, D.C. COUNTRY? USA
within pencil camine le pog	13. FATHER'S NAME SPIROS KALEYIAS	14. MOTHER'S MAIDEN NAME MARY HARRIS
should be executed within 24 hours often ne word "pending" in pencil in Item 18. Give the Chief Medical Examiner's Office along buriol-tronsit permit. File pages lond 2 with a any event within 72 hours offer death.	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INI	FORMANT Address ros Kaleyias 4303 Elmwood Rd.
hould be executate word "pending" the Chief Medica urial-transit permiany event within	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY:	injuries including INTERVAL BETWEEN ONSET AND DEATH
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This certificate should cate, writing the word be farwarded to the Ch be used as a burial-tre removal, and in any ev	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse (c) in auto accident	vical spinal cord incurred
ertificat writing warded sed as o	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE	E TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PREFERMED?
INER: This certific to ecrtificate, writh should be farwan files. 3 should be used tion, or removal,	200. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING D CAUSE OF DEATH	NO
INER: e certif should files. 3 should	S 200 TIME OF INHIPY Month Day Your 1 200 INHIPY OCCUPANT TO 1200 PLACE	iver of auto which crossed midline oncoming car. OF INJURY (Home, farm, 20f. (City or town) (County) (State)
L EXAMINER: ecute the certif Page 4 should or your files. R:Page 3 should I, cremotion, or	9:05 p.m. 11-2 1967 While of work of work of work	reet office bldg., etc.) Beltsville Pr.Geo. Md.
MEDICAL EXAMINER: please execute the certification. Page 4 should retained for your files. DIRECTOR: Page 3 shour to buriol, cremation, or	21. I certify that I taak charge of the remains described above, held death resulted from Natural causes , Acquident Suicid	
MEDICA pleose e. I director retained DIRECTO	ACTUAL SIGNATURE / Xelden by Coah	CHIEF MEDICAL EXAMINER M.D. ASSISTANT MEDICAL EXAMINER 22. DATE SIGNED
O DEPUTY necessory, p the funeral 5 moy be n 6 FUNERAL Heolth prior	EXAMINER'S BELDEN R. READ M.	DEPUTY, MEDICAL EXAMINER X NOV. 3, 1967
TO DEPUTY MEDICAL EXAMIN necessory, please execute the the funeral director. Page 4 st 5 may be retained for your fire funeral DIRECTOR: Page 3 Health prior to buriol, cremoting	230. BURIAL CREMATION, PEMOVAL Specify Provided	
VR A15ME (5)	C. Glen Carter Warner E. Pumphrey Inc. 8434 Georgia Ave	2SO. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE

2 9646L MONTHON SHY Die Frank MARKET LIBOURY was and cold the soil to make the MATHEREN PHARMET KHEMES WILLIAMS & STROES CONTENTS Mary Sollie 321803 KALEVINE The standard of the standard o THE PARTY OF MELTING CONT. TO STATE OF THE PARTY OF THE P TERN 2 TOWN - 1 - 1 TOWN - 1 THE PARTY OF THE TOWN IN THE THE

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

15631 15638 FOR STATE PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY o. STATE b. COUNTY Page delay is and 3 ta af MARYLAND b. CITY OR TOWN Life outside con LENGTHZOF STAY IN 16 outside carparate limits, write RURAL and give nearest town) StateDepartpr 5.35m INSTITUTION (U not in hospital, give street address) d. STREET ADDRE e. IS RESIDENCE ON A FARM? in Item 18. Give Pages 4 shauld be farwarded to the Chief Medical Examiner's Office alang with for NO This certificate shauld be executed within 24 haurs after death. NAME OF Middle DATE Month Year DECEASED permit. File pages 1 and 2 with the DEATH 19 (Type or print) S. SEX IF UNDER 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF AGE (In years IF UNDER 24 HR irthdoy) Months Dovs Hours within 72 haurs after death. WIDOWED 10o. USUAL OCCUPATION (Give kind of work defice 10b. KIND OF BUSINESS OF 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY 13. FAMER S NAME pencil i 14. MOTHER'S MAIDEN INFÓRMÁNT WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN burial-transit event IMMEDIATE CAUSE (o) Skull fracture writing the word DUF TO any Conditions, if ony, which gove automobile accident rise to immediate couse (a). = DUE TO stoting the underlying couse SD lost. be used WAS AUTOPS ar remaval, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? please execute the certificate, YES X 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.) 3 shauld PRIMARY OF CONTRIBUTING CAUSE OF DEATH. crematian, 20c. TIME OF INJURY Month, Dov. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or tawn) (County) (State) (octory, street, office bldg., etc.) yaur Not While FUNERAL DIRECTOR: Page While of work Se17302 -MODT. Md 19 6 ot work 21. I certify that I took charge of the remains described above, held on Autopsy Inquiry X for Inspection A ond in my opinion funeral directar. deoth resulted from: Noturol couses Accident X Suicide . Homicide Undetermined monner may be retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER Health priar SIGNATUR DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) Address (Street, city, town, or county)

OF CEMETERY OR CREMATORY

ADDRESS

23d. LOCATION (City or Town)

250. REC'D BY REGISTRAR

(Stote)

23o. BURIAL CREMATION.

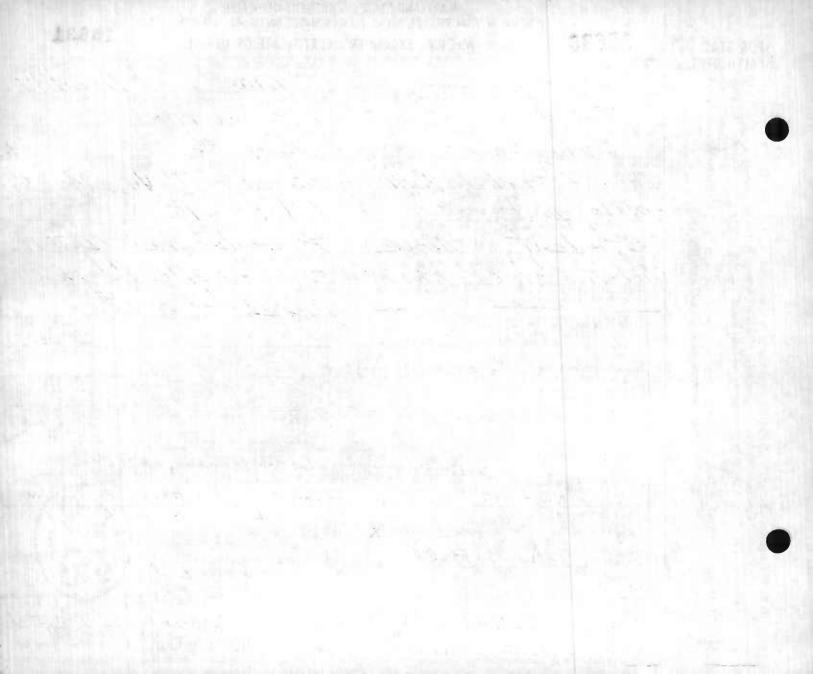
24. FUNERAL DIRECTOR

REMOVAL (Specify)

50

VR A15ME (5) 6M 1/67

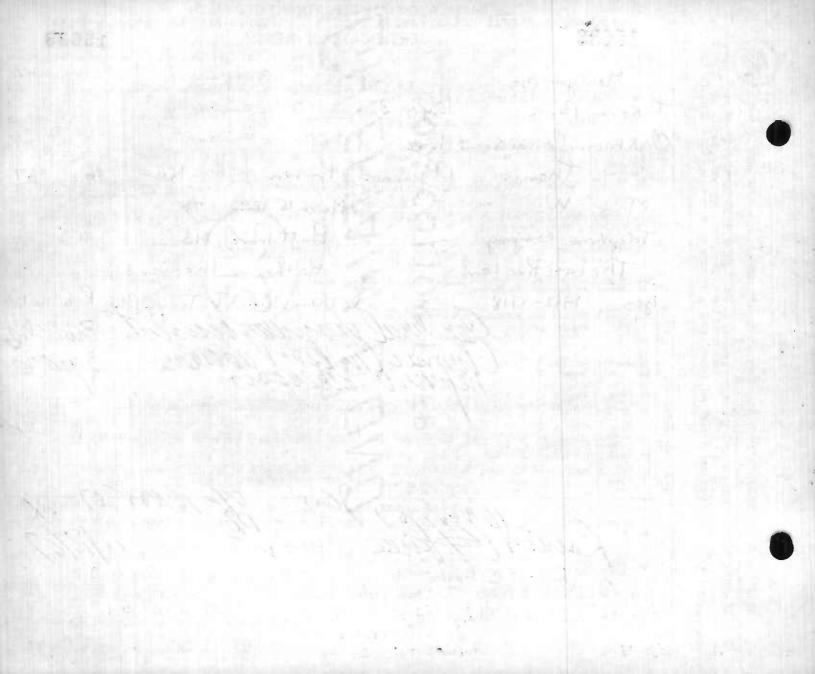
23b. DATE THEREOF



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15637 15632 MEDICAL EXAMINER'S CERTIFICATE OF DEATH . PLACE OF OEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY Montgomery Maryland 2 0 Montgomery MARYLAND delay and 3 b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) pub Silver Spring M3. Silver Spring d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? Holy Cross Hospital 9920 Georgia Ave. Apt. NO X in pencil in Item 18. Give Pages Examiner's Office alang with to be executed within 24 hours after death. 3. NAME OF Middle Lost 4. DATE First Doy Year Office alang with **DECEASEO** with the PEARL KASOFSKY D. 19 67 10 Nov. (Type or print) **OEATH** S. SEX IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years 7. MARRIED NEVER MARRIED birthdoy) Months Oovs Hours 1899 White event within 72 hours after death. Female WIDOWED DIVORCED 11. BIRTHPLACE (Stote or foreign country) 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life even if retired) **INDUSTRY** U.S. Poland Jewelry 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Issac Aeurbach Unknown permit. File 17. INFORMANT 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? (Son) Silver Spring, Md. 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dotes of service) 577-05-9909 Jack Kasofsky - Caddington St., 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) teresoclaratic Heart Dise burial-transit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) please execute the certificate, writing the ward This certificate should DUE TO any Conditions, if ony, which gove rise to immediate couse (o), 0 5 DUE TO stoting the underlying couse farwarded pup OS removal, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPS) PERFORMED? NO pe 20b. DESCRIBE OW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. EXTERNAL CAUSE WAS 3 shauld PRIMARY Or CONTRIBUTING O AL EXAMINER: CAUSE OF DEATH cremation, 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) foctory, street, office bldg., etc.) Not While may be retained far yaur FUNERAL DIRECTOR: Page of work 21. I certify that I taok charge of the remains described above, leld on Autopsy Inspection . and in my opinian Natural couses director. death resulted from. Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. OATE SIGNED prior ASSISTANT MEDICAL EXAMINER SIGNATURE_ EXAMINER'S Health NAME (Type) 23b. DATE THEREOF 23d. LOCATION (City or Town) 23o. BURIAL CREMATION. 0 REMOVAL (Specify) Geo. Wash. Cemetery Hyattsville. 25b. REGISTRAR'S SIGNATURE 24 JUNERAL DIRECTOR 2So. REC'D BY REGISTRAR VR A15ME (5) Munica DATE NOV 1967 6M 1/67

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7	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE	1 ΜΑΡΥΙΑΝΟ
E 204	1563S CERTIFICATE OF DEATH	15633
freath, et funeral 1 and 2 er death.	1. PLACE OF DEATH a. COUNTY MARYLANO 2. USUAL RESIDENCE (Where deceased lived, If instituting a. STATE MARYLANO	ion: Residence before admission; MowfgoneRef
s after by the fages 1 irs after	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b C. CITY OR TOWN (if outside corporate limits, write R	URAL and give nearest town)
The barre	Takoma Park 24rs 3mo. SILVER SPRING	15-1
24 hours filled M papers. hin 72-hou	Oakhaven Convales cent Home 830/ 16th Stroot	e. IS RESIDENCE ON A FARM? YES \(\square\) NO \(\square\)
executed within 24 hours is and completely filled in by remove carbon pagers. Pagen any event, within 72 hours	3. NAME OF DECEASED (Type or print) Thomas agninas Keelan DEATH NOW	0ay Year 16 1967
and con remove	5. SEX 6. COLOR OR RACE 7. MARRIEO NIVER MARRIEO 8. OATE OF BIRTH 9. AGE (In years 1F UI	NOER 1 YEAR IF UNDER 24 HRS ths Oays Hours Min.
	10a. USUAL OCCUPATION (Give kind of workdone during most of working life, eyen if retired) 10b. KINO OF BUSINESS OR II. BIRTHPLACE (County & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
certificate Iding phys Then pl removal, a	13. FATHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME	V. J.
or ite	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) Address	. 0
at the death c ian. I by the attenc ransit permit. cremation, or r	18. CAUSE OF OEATH [Enter only one cause per line for (a) (b), and (c),	INTERVAL BETWEEN
ires that the physician. I physician. I signed by the burial-transit burial, cremat	PART I. OEATH WAS CAUSE OBY: IMMEDIATE CAUSE (a) PART I. OEATH WAS CAUSE OBY: IMMEDIATE CAUSE (a) OUT TO	Swelly
requires ding physpeen signitude for the puriant to buriant or to buriant of the puriant of the	Conditions, If any, which gave rise to immediate	Byller
law requi	cause (a), stating the underlying cause last. COUNTY OF THE PROPERTY OF THE P	/ WAS AUTOPSY
N: The Istal or attificate hor use Health	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Ites OR CONTRIBUTING CAUSE OF DEATH (If EITHER, NOTIFY MEDICAL EXAMINER)	YES NO
PHYSICIAN: The law requires that the hospital or attending physician. It this certificate has been signed by detached for use as the burial-trante Dept. of Health prior to burial, cre		m 18.)
	20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.) While at work at work	(County) (State)
5 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	21. I certify that (I) (this hospital attended the deceased from 1977, to 16 17 7, saw the deceased give on 1977, and that death occurred at 22 M, from the causes and	on the date stated shove
De De Se Se de V	22a. SIGNATURE ATTENDING MED. STAFF 22I	
TO HOSPITAL OR Page 4 may be TO FUNERAL DIR director, page should be filed	22c. PHYSICIAN'S NAME (Type) Robert C. Haile 35 N.V. Ave. N.W. Wash	h.D.C.
TO HOSPITAL Page 4 mai TO FUNERAL director, pis should be fi	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town of DIRECTOR) NO. 18. 1967 Code of Heaven Wight M.	or county) (State)
m		TRAR'S SIGNATURE
VR AI5 (4) 20M 1/65	DOSEPH GAWLERS SONS WASH D.C. DATE NOV 2 4 1987 JOL	conles Judge



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15633

CERTIFICATE OF DEATH

15634

	PLACE OF DEATH O. COUNTY Montgomery		2. USUAL RESIDENCE (Where deceased lived, if institution:			
	o. COUNTY Montgomery	MARYLAND	o. STATE District of Colu	mbia /		
ŀ	b. CITY OR TOWN (If outside corporate limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL	ond give neorest town)		
	write RURAL and give nearest town) Bethesda	8 Months	Washington	47-3		
(d. NAME OF HOSPITAL OR INSTITUTION (If not in ho	ospitol, give street oddress)	d. STREET ADDRESS	e IS RESIDENCE		
	Resmor Hospital		3212 Macomb Street,	N. W. YES NO		
	NAME OF First DECEASED (Type or print) Alice	Middle M •	Lost 4. DATE Month OF DEATH NOV.	27, Doy Year 1967		
5. 5	SEX 6. COLOR OR RACE 7. M.	ARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years	FUNDER 1 YEAR IF UNDER 24 HRS		
Fe	emale White wm	DOWED TO DIVORCED	8. DATE OF BIRTH Feb. 2, 1872 9. AGE (In years probable) 9. AGE (In years probable) 7. AGE (In years probable) 8. DATE OF BIRTH 9. AGE (In years probable) 9. AGE (In years probable) 7. AGE (In years probable)	Months Doys Hours Min.		
10o. duri	. USUAL OCCUPATION (Give kind of work done ing most of working life even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & Stote, or foreign country) Ohio	12. CITIZEN OF WHAT COUNTRY? U. S.		
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME			
	Herman Munhal		Mary Piper			
IS. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? ss, no, or unknown) (If yes give wor or dotes of service) NO	(40	informant Same	as Item 2.		
Ī	18. CAUSE OF DEATH (Enter only one couse per	line for (o), (b), ond (c).)		INTERVAL BETWEEN		
		ARTERIO SCLE	EROSIS -	ONSET AND DEATH		
	4500 DUE TO					
	Conditions, if ony, which gove) (b)			T		
	rise to immediate couse (a), Stoting the underlying couse DUE TO					
	lost. (c)					
Z			THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)	19. WAS AUTOPSY PERFORMED?		
ATIO	Cerebral Sclerosis	name to		YES NO S		
CERTIFICATION	20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED.	. (Enter nature of injury in Port I or Port II of item 1B.)			
MEDICAL	20c. TIME OF INJURY Month, Doy, Year Hour o.m. p.m. 19		ACE OF INJURY (Home, form, ctory, street, office bldg., etc.)	(County) (Stote)		
	21. I certify that (I) (this haspital) attended the deceased from					
	220. SIGNATURE PMBa	her m	.D. ATTENDING MED. STAFF DIRECTOR PHYS.	226. DATE SIGNED 11-27-67		
	22c. PHYSICIAN'S NAME (Type) NYRTIT P	OST BAKER-	22d. ADDRESS 1635 ITARVARD S	N.W.		
230	BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR	CREMATORY 23d. LOCATION (City or Town)	(County) (Stote)		
Gr	REMOVAL (Specify) remation 11-28-67	7 Cedar Hill	Crematory Suitland 250. REC'D BY REGISTRAR 25b. REGIS	Maryland		
24	. FUNERAL DIRECTOR	ADDRESS	2So. REC'D BY REGISTRAR 2Sb. REGIS			
RC	DBERT A. PUMPHREY.	Bethesda. Marv	land DATEDER 1 1967 OCA	ionelas ludel		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours ofter deoth. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled-in director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers, should be filed with the State Dept. of Health prior to buriol, cremotion, or removal, and in ony event, within 72 h VR A15 (4) 25M 1/67

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15642 15637 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 haurs after death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY a. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If autside corporate limits C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest tawn) KOMP A NAME OF HOSPITAL ORINSTITUTION (If not in haspital, give street oddress) d. STREET ADDRESS IS RESIDENCE ON A FARM? Filled within / NO N YES 3. NAME OF Middle DATE Lost Dov Year remave carbar DECEASED aumond event. (Type or print) DEATH 0 S. SEX 6. COLOR OR RACE NEVER MARRIED DATE OF BIRTH 9. AGE (In years lost birthdoy) Months and in any WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired)
Sales man COUNTRY? Hardware 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remayal. aymon 15. WAS DECEASED EVER IN U.S. ARMED FORCES 17. INFORMANT (Yes, no, or unknown) (If yes give war or dotes of service 820-2 crematian. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (o) Page 4 may be retained by the hospital ar attending physician. DUE TO signed | Conditions, if any, which gove rise to immediate couse (o). DUE TO stoting the underlying couse priar ta lost OSD PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? NO OR ATTENDING PHYSICIAN: 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) Hour 'a.m. Not While foctory, street, office bldg., etc.) ot wark at work 1967 to Nov 11, 1967, that (1) (we) last 21. I certify that (1) (this hospital) attended the deceased from 7eb saw the deceased plive an Nov ((1967, and that death accurred at 3 15 M, fram causes and an the date stated above. O FUNERAL DIRECTOR: 220 SIGNATURE 22b. DATE SIGNED ATTENDING directar, page 3 should be filed v M.D. DIRECTOR 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) New Planneshine 23o. BURIAL, CREMATION, 23b. DATE THEREO! 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) Bu PEMOVAL (Specify) Fort Lincoln Cemetery Colmar Manor, Md. Funeral ADDRESSMt, Rainier, 25a. RECD BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Nalley's VR A15 (4) 25M 1/67 Maryland Home Inc.

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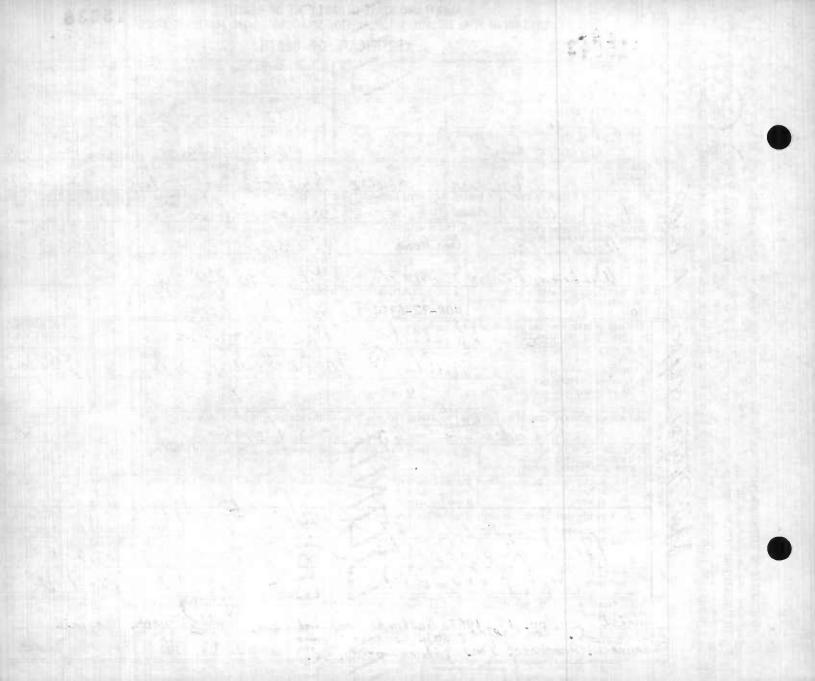
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15638

15643

CERTIFICATE OF DEATH

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	deat and deat		1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence	befare admission)
			o. COUNTY MAN + Jame Pul MARYLAND	o. STATE MARYLAND b. COUNTY MON	Harnery
	# (A 2)		b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If autside carparate limits, write RURAL and give s	nearest town)
	hours after in by the fur- rs. Pages 1 hours after		write RURAL and give necrest town) D.O.A	SILVER SPRING	15-1
	hoi rs rs ho		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE
	xecuted within 24 l campletely filled in nave carbon paper y event, within 72	99	Subur bAN	118 NORMANDU DRIVE	ON A FARM? YES NO X
	ely fill bon p		3. NAME OF First Middle	, Jost 4. DATE Manth	Day Year
	ate be executed within 's cian and campletely fille ease remave carbon pa and in any event' within	2	(Type or print) UIUIAN LOUISE	Kincheloe DEATH NOU	12 1967
	mpl re c	///	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1)	YEAR IF UNDER 24 HRS.
	nd cample remave ca	1	F WIDOWED DIVORCED	DEC 22-1906 60 yrs. Months	Days Hours Min.
	and and rem	3	10a. USUAL OCCUPATION (Give kind of wark done 10b. KIND OF BUSINESS OR		EN OF WHAT
	ate b ician ease and i	N	during mast of working life, even if retired) HOUSE WIFE WINDUSTRY,	BRISTOL TENN.	C1.3.A.
		7	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	certificate be g physician ai fhen please r maval, and in	8	WILLIAM FRANK SMITH.	BLAnche MORGAN.	
	ding ding	11	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates af service)	INFORMANT (husbland) Address Fam.	0)
	attending permit. The	0	No (1 yes give wal of dates at service) 408-32-6354	yle M. Kincheloe	
	+ 0 +	3	18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c))	1/0	INTERVAL BETWEEN ONSET AND DEATH
	that tan. by the transit crema	2	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0)	Carcinomocosis	ONSET AND DEATH
	ician. Id by I-trar I, crea	2	DUE TO MILLIAM A	In testages home Breast	15/1M
	physicic signed burial-tr	B	Conditions, if any, which gave (b)	mario sprim pour 8	120/13
	w rec	8	stating the underlying cause DUE 10		
	2 4 5 5	0	last. (c)		19. WAS AUTOPSY
	The rattel e has use a solith pr	0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEOSE CONDITION GIVEN IN PART I(d)	PERFORMED?
	or or use after use early	N.	E 200, ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED.	our Corrice	YES NO L
	T + T +	Li	200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. 30b. DESCRIBE HOW	(Enter nature of injury in Part I or Part II of item 18.)	
	the haspi this cert detached e Dept. a	1	20c. TIME OF INJURY Manth, Day, Yeor 20d. INJURY OCCURRED 20e. PLA Hour o.m. While Not While for	ACE OF INJURY (Hame, farm, tory, street, affige bldg., etc.) (City or town) (Caun	ty) (Stote)
	de + + e	0	Hour o.m. 19 While at work at wark for	O (1/12)	
	After d be d be e Stat	4	21. I certify that (I) (this haspital) attended the deceased from	197, to 0 0 4, 19	L, that (I) (we) las
Ė	ATTEN etaine CTOR: should with the	13	والمنافق وال	of death occurred at <u>6/A</u> M, from couses and an the	
	× 2 2 8 8	The	220. SIGNATURE Ch, A. Riddies M.	D. ATTENDING MED. STAFF 22b. DAT	12-61
	P o d	1	22c. PHYSKIAN'S NAME (Type) Willy, I wood with	1835 Eyr J. N. WW	s/DC
	Page 4 m Page 4 m Puner, director, shauld b		23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR	CREMATORY . / 28d. LOCATION (City or Town) (C	Caunty) (State)
	Page dire		REMOVAL (Specify) Way 15 1067 Netional (James)	Palla Church Him	inia
			Car EUNERAL DIRECTOR . Then Carter 8434 ADORESS raia	June 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIG	
	VR A15 (4) 25M 1/67		Warner C. Pumphrey, Inc. Silver Spring.	Md. DATE NOV 17 1967 Italian	les Jones
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15639

CEPTIFICATE OF DEATH

15644 10 HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. funeral 1 ond

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled io by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours at Page 4 may be retained by the hospitol or attending physicion. VR A15 (4) 25M 1/67

CLRITICALL	OI DEATH
1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence befare admission)
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b. CITY OR TOWN (K outside carporate limits) c. LENGTH OF STAY IN 1b	c CITY OR TOWN If autside corporate limits, write RURAL gargive neorest town
write RURAL and give neorest town)	C. CITT OK TOWN All doiside corporate limits, write KOKAL day give neolest town
Bethesda 2 days	Bethisda 151
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
Suburban	78017 Jame / Jan Abring Kd VES TI NO TO
3. NAME OF First Middle	Last 4. DATE Manth Day Year
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(Type or print) S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
THE REAL PROPERTY OF THE PARTY	last birthday) Manths Days Haurs Min.
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13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
PORON KNUDSEN	Kather Incertarges
	INEORMANT Address
(Yes, no, ar unknown) (If yes give war or dates of service)	of the W
100 NO MONTOCON	laisa mildela koro
18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Myocardial infarct	ion recent and remote
14201 DUE TO	
(anditions, if ony, which gove) (b) coronary thrombosi	s and arteriosclerosis
rise to immediate cause (a), stating the underlying cause	
lost. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO 1	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
S TAKE II. OTHER SIGNIFICANT COMMINGING TO DEATH BUT NOT KELATED TO	PERFORMED?
20g. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH	YES 🔀 NO
20d. ACCIDENT WAS UNDERLYING ☐ 2Db. DESCRIBE HOW INJURY OCCURRED.	(Enter nature af injury in Part I or Part II af item 18.)
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	CE OF INJURY (Hame, farm, 2Df. (City ar tawn) (County) (State)
Hour a.m. p.m. 19 While Nat While of work	tory, street, affice bldg., etc.)
21. I certify that (I) (this haspital) attended the deceased fram Z	Tour 14, 19 67 to 7/00, 16, 19 67 that (1) (we) la
saw the deceased alive an 1967, and that	t death accurred at 35 M, fram causes and an the date stated above
220. SIGNATURE	7 /9
of many delivers of the same	ATTENDING MED. STAFF 22b. DATE SIGNED
The state of the s	
22c. PHYSICIAN'S ROMALD BADD	22d. ADDRESS P R 1473PA
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230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR	CREMATORY 23d. LOCATION (City or Town) (County) (State)
REMOVAL (Specify) and 11/18/67 FURTHINE	OUN CRAMMORY COLARE MANOR PAGE CAM
24. FUNERAL DIRECTOR ADDRESS	250. RECORY, REGISTRAR 40 A Sb. REGISTRAR'S SIGNATURE)
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CERTIFICATE OF DEATH

PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) d. NAME QE-HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS NAME OF Middle First Lost 4. DATE Year DECEASED DEATH 7. MARRIED DATE OF BIRTH AGE (In years IF UNDER IF UNDER 24 HRS NEVER MARRIED Months Hours WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working lit 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME BUNKNOWN 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, optunknown) (If yes give wor or dotes of service 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (o' DUE TO SCLEROTIC HEART DISERSE Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? NO YES 20o. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour 'o.m. foctory, street, office bldg., etc.) Not While at work 21. I certify that (I) (this haspital) attended the deceased fram 19 67, that (I) (we) last and that death accurred at 442 M, fram causes and on the date stated above. saw the deceased alive on 22o. SIGNATURE 22b. DATE SIGNED DIRECTOR 22d_ADDRESS 22c. PHYSICIAN'S NAME (Type) 23o. BURIAL, CREMATION 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY (County) (Stote) REMOVAL (Specify) 11-16-67 RANDALLSTOWN. EL MEMORIAL 24. FUNERAL DIRECTOR **ADDRESS** 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR

BROS. INC., 6010 REISTERSTOWN

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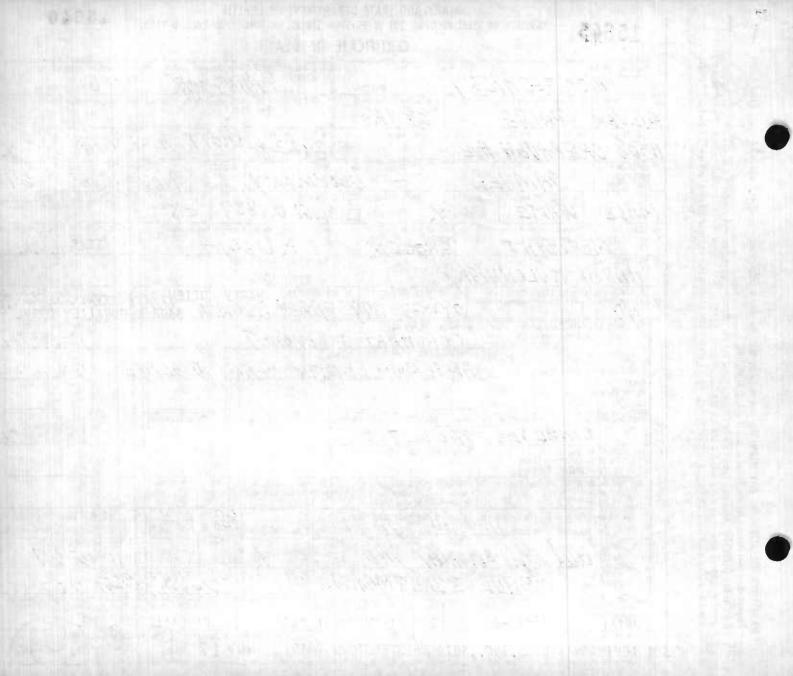
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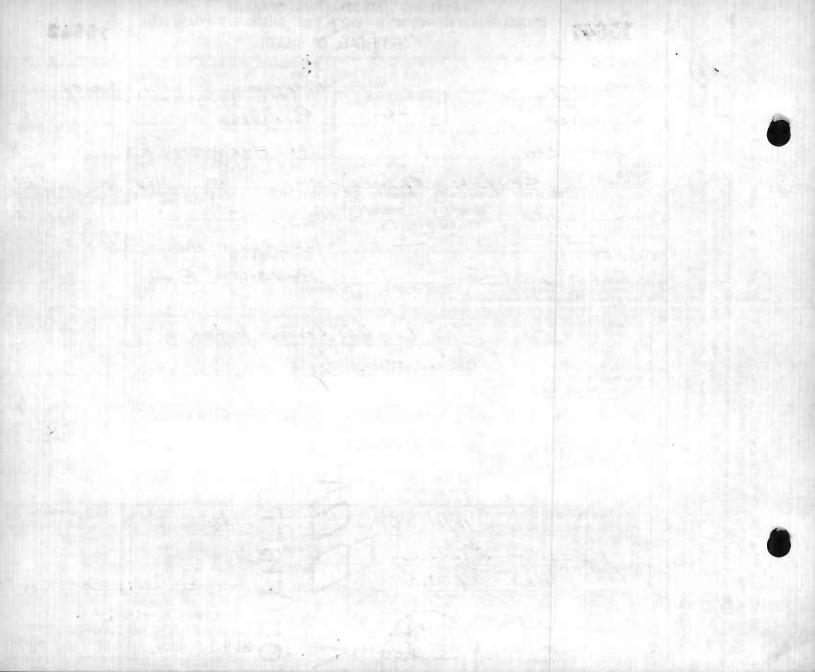
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

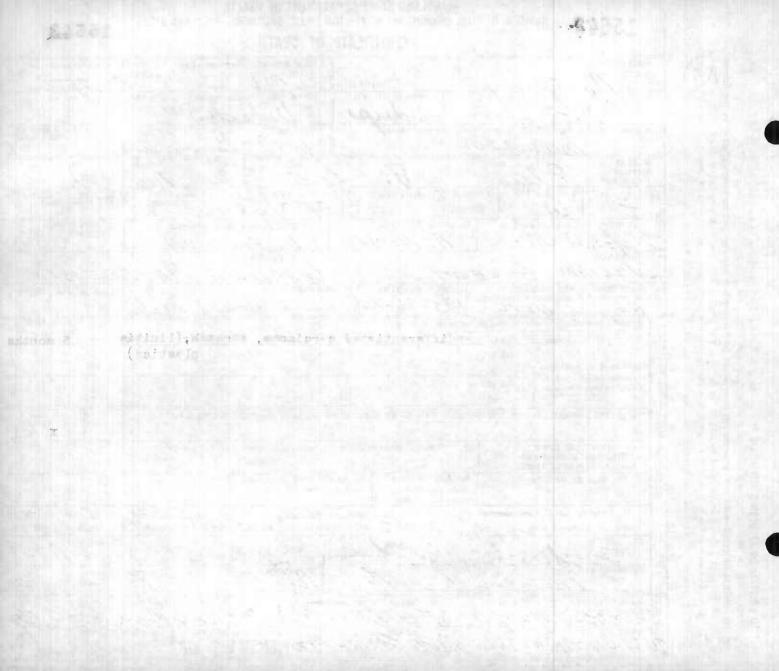


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15641 15646 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) 1. PLACE OF DEATH o. COUNTY Montgomery o. STATE b. COUNTY MARYLAND Diet. of Col. b. CITY OR TOWN (If outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b Silver Spring Washington e IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS 43rd Place, N.W. Holy Cross Hospital YES NO 3. NAME OF Middle 4. DATE Month Day Year DECEASED 26-19 67 (Type or print) DERARI DEATH IF UNDER 1 YEAR S. SEX B. DATE OF BIRTH AGE (In years IF UNDER 24 HRS. 6. COLOR OR RACE NEVER MARRIED last birthday) Manths Hours 10-3-1901 WIDOWED White DIVORCED 11. BIRTHPLACE (County & State, or fareign cauntry) 10a. USUAL OCCUPATION (Give kind of work dane 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR COUNTRY? during most of warking life, even if retired Massachusetts Printing PRINTER 13. FATHER'S NAME Office 14. MOTHER'S MAIDEN NAME John Kyle Unknown WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give war or dates of service) Julia M. Kyre- Wife- See Item No. 2. INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c).) signed by the burial-transit p PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Page 4 may be retained by the haspital ar attending physician. DUE TO Conditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause DIRECTOR: After this certificate has been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH_BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 1B.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) 20c. TIME OF INJURY Month, Day, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (County) (State) Hour o.m. Nat While factory, street, office bldg., etc.) at wark 21. I certify that (I) (this haspital) attended the deceased fram. and that death accurred fram lauses and an the date stated above. saw the deceased alive an_ 220. SIGNATUR 22b. DATE/SIGNED ATTENDING STAFF PHYS. ADDRESS 22c. PHYSICIAN'S O FUNERAL 23d. LOCATION (Chy or Town) 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 11-29-1967 Gate of Heaven Cemetery Silver Spring, Md.

REGISTRAR | 25b. REGISTRAR'S SIGNATURE Burial 2Sa. REC'D BY REGISTRAR WISC DATE DEC 4 Ochonles WASH.

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires thot the death certificote be executed within 24 hours after death. Page 4 may be retained by the hospital or ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled it. by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pagers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremotion, or removal, and in any event, within 2 hours after death

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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		10043	CERTIFICATE	OF DEATH		
		PLACE OF DEATH COUNTY MONTGOMER	4 MARYLAND	2. USUAL RESIDENCE (V	Where deceosed lived, if institution: Reb. COUNTY	ARINGTON
1		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) COSTON OF TOWN MC	c. LENGTH OF STAY IN 16 5 4 RS.	ARlingi	tside corporate limits, write RURAL and	83 3
0	K	d. NAME OF HOSPITAL OR INSTITUTION (If not in hose the state of the st		d. STREET AOORESS 1716 N.	TROY STREET	e. IS RESIDENCE ON A FARM? YES NO
	(NAME OF DECEASED [Type or print] Louise	Middle A. L	ew/s	4. DATE OF NOU.	Doy Year 18 1967
	5. S	emale white wio	DOWED OIVORCED	8. DATE OF BIRTH 11/4/1880	o last birthdoy) Mon	
	duri	ing most of working life, even if retired)	10b. KINO OF BUSINESS OR INDUSTRY LTOUCKMENT	VIRG	InIA	COUNTRY? S. A.
	13.	FREDERICK Ald	lridge	14. MOTHER'S MAIDEN N	e, FRANKI	12
		WAS DECEASED EVER IN U.S. ARMEO FORCES? is, no, or unknown) (If yes give wor or dates of service		INFORMANT	Address	
		18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	line (o), (b), and (c).)	é conclus	I corrector	INTERVAL BETWEEN ONSET AND DEATH
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5	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB	UNING TO CEATH BUT NOT RELATED TO	THE TERMINAL DISEASE COM	IOITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO [
	L CERTIFICATION	20o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURREO.	(Enter noture of injury in	Port I or Port II of item 18.)	
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		21. I certify that (1) (this hospital), saw the deceased divergen.	attended the deceased fram_ 1967, and tha		9.66, ta 7.78 3.301M, fram causes and	
		220. SIGNATURE	M.		MEO. DIRECTOR PHYS. D	2b. DATE SIGNED 67
		22c. PHYSICIAN'S NAME (Type) 16 F. K	reuzburg	22d. ADDRESS 7f52	16 58 5 w	Work De
	B	D. BURIAL, CREMATION, REMOVAL (Specify) Nov. 21, 196	23c. NAME OF CEMETERY OR Arlington Nat	tional Cem.		(County) (Stote)
	24	I FUNERAL DIRECTOR Ives Funeral Home	2847 Wilson Bl Arlington, Virg	LVC.	0.40 /	ar's signature

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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MEDICAL EXAMINER'S CERTIFICATE OF DEATH

15645

FOR STATE HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) O. COUNTY MONTGOMERY any delay is 2, and 3 ta MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) File pages land 2 with the State Department 2, and PM3. write RURAL and give nearest tow SILVER SPRING AKOM A d. STREET ADDRESS e. IS RESIDENC d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) farwarded to the Chief Medical Examiner's Office along with farm ON A FARM WASHINGTON in Item 18. Give Pages be executed within 24 hours after death. NAME OF Middle DECEASED S. SEX DATE OF BIRTH AGE 7. MARRIED NEVER MARRIED lost birthdoy) Months WIDOWED DIVORCED within 72 haurs after death KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TOUSE WIFE 13. FATHER'S NAME pencil KITCHIE EORGE 16. SOCIAL SECURITY NO 17. INFORMAN (Yes_no_or unknown) (If yes give war or dotes of service MISS VULIE 18. CAUSE OF DEATH (Enter only one couse per line top (o) (b), PART I. DEATH WAS CAUSED BY: ONSET AND DEATH in any event IMMEDIATE CAUSE (o) writing the ward This certificate shauld Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse gud SD 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) remaval, NO 4 shauld be 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 3 shauld PRIMARY Or CONTRIBUTING 10 MEDICAL EXAMINER: CAUSE OF DEATH. crematian, MEDICAL 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year Not While foctory, street, office bldg., etc.) ot work ot work 21. I certify that I took charge of the remains described above held an Autopsy and in my opinion death resulted from Natural causes Undetermined manner funeral director. may be retained FUNERAL DIRECT ACTUAL 22. DATE SIGNED Health prior SIGNATURE NAME (Type) BURIAL, CREMATION DATE THEREOF 23d. LOCATION REMOVAL (Specify) North Carolina Lefler Funeral Home Albemarle Nov 28, 1967 Removal 24. FUNERAL DIRECTOR **ADDRESS** 2So. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE

Hyattsville, Md.

1967

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

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PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death.	prystrain. signed by the ottending physicion ond completely filled is buriol-tronsit permit. Then please remove carbon paper buriol, cremotion, or removal, ond in ony event, within 72	TI	ne Clinic	al Center,	Bethesda	, Md. 2001	+ Ija	msville	Mar	vland		YES	NO
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ŧ	Ten Ten	15	WAS DECEASED EVE	R IN U.S. ARMED FORCES? (If yes give wor or dotes	16. 500	IAL SECURITY NO.	17. INFORMANT	The Medi	cal B	econde	ess		
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N N N	# P P P		saw the de	eceased alive an_	11 Nov.	19 <u>67</u> , and	that death a	ccurred at 2:	30 M, fr	ram causes	and an th	e date stated	d ab
A	5		220. SIGNATURE	71	n 101			No. of London	LIVI				196
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7	e de la		22c. PHYSICIAN'S	7		7. /	22d. A	ADDRESS The	Clin	ical G	enter	Nation	2]
TA	RAI		NAME (Type)	Harry J	R. Keise:	r, MD.	Ins	titutes	of He	alth.	Bethes	da. Md.	
SP	D FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached far use as the should be filed with the State Dept. of Health prior to	23	BURIAL, CREMATIC			23c. NAME OF CEMETER	Y OR OFFICE OXONY			ION (City or To			Stote)
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24) FUNERAL DIRECTOR Collins 3821-14th StNW WashDC

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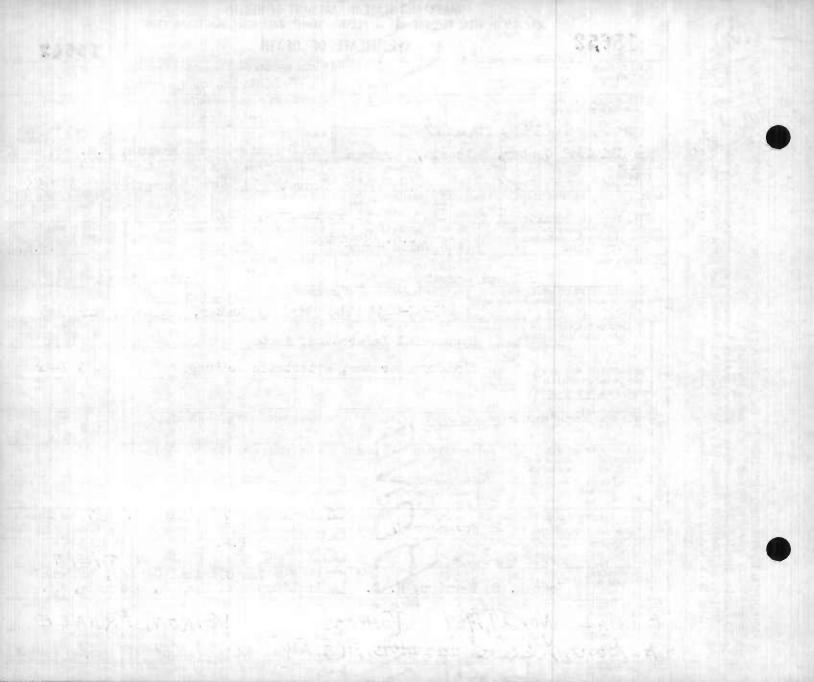
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	1565	2		CERTIFICAT	E OF DEATH				156	47
1. PLAC a. CO	E OF DEATH UNTY	Montgome	ry	MARYLAND	2. USUAL RESIDENCE	(Where deceased liverict of	red, if instituti	ian: Resider ITY 11.a	nce befare	admission)
		f outside corporate limit	'S,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If a	utside carparate lin	nits, write RUF	AL and giv	e nearest	tawn)
W	rife KUKAL and	give nearest town) Bethesda		4 hours	Wash	nington			4	7-3
d. NA	ME OF HOSPIT	AL OR INSTITUTION (If n	at in haspital,		d. STREET ADDRESS				e	IS RESIDENCE ON A FARM?
The	Clini	cal Center	. Bethe	esda. Marvland	1600 Penn	nsylvania	. Avenu	e, N.	W. YE	S NO X
3. NAM	E OF		irst	Middle	Last	4. DATE	Mant	h	Day	Year
DECE (Type	ar print)	Ferd	inand	(none)	Louvat	OF DEATH	Novem	ber	20	1967
S. SEX		6. COLOR OR RACE	7. MARRIED	NEVER MARRIED X	B. DATE OF BIRTH	9. AG	E (In years	IF UNDER Months		IF UNDER 24 HRS.
Ma	le	White	WIDOWED		February 8,	1914	53 yrs.	MOIIIIIS	Days	Haurs Min.
during m		(Give kind af wark dane life, even if retired) hei	10b. K	IND OF BUSINESS OR NDUSTRY U.S. Gove ne White House	11. BIRTHPLACE (County rnment	8 State, or foreign France	cauntry)		TIZEN OF V DUNTRY?	WHAT U.S.A.
13. FATI	HER'S NAME				14. MOTHER'S MAIDEN	NAME				
		Ferdina	and Lou	ıvat		Fe	licie	Tocat	,	
1S. WAS (Yes, no.	S DECEASED EVE , ar unknawn) NO	R IN U.S. ARMED FORCES? (If yes give war ar dates	of service)	SOCIAL SECURITY NO. 17. L55-34-0244 T	INFORMANT The M	Medical R	ecord Bethes	da, N	/aryl	and
18.		ATH (Enter only one co IH WAS CAUSED BY: IMMEDIATE CAUSE	Merc	r (o), (b), ond (c).) cardial Infar	ction, Acute					RVAL BETWEEN T AND DEATH LYS
rise	ditians, if any, ta immediat ing the unde	e cause (a), ((b) Rha	bdomyosa r coma	, Metastatic	to Lung	5		1 3	Yea r
last PAR	-	GNIFICANT CONDITIONS ((c)	TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	ONDITION GIVEN IN	PART 1(a)		19. W	VAS AUTOPSY
ATIO				CFE FRANKS						PERFORMED?
OR OR	CONTRIBUTING	UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. D	ESCRIBE HOW INJURY OCCURRED). (Enter nature of injury in	Part I ar Part II a	f item 18.)			
100		JRY Manth, Day, Year	20d. While	e Nat While fo	ACE OF INJURY (Hame, far actary, street, affice bldg., etc		y ar tawn)	(Ca	unty)	(State)
	21. I certif	f y that (X) (this has eceased alive on_	pital) atten 20 Nov	ided the deceased fram ember1967_, and th	20 November, at death accurred at	19.67 , ta_ t 9:50 M, fro	20 Nov	7 • , 19 <u>0</u> and on t	57, tha he date	t (X) (we) la stated abov
	SIGNATURE	/ See Le	mo		ATTENDING D	P.M. MED. DIRECTOR	STAFF PHYS.	22b. D	ATE SIGNED	57
220	PHYSICIAN'S NAME (Type)	Jean B.	de Ker	nion, M. D.	22d. ADDRESS Th Institute					
O REI	RIAL, CREMATIC MOVAL (Specify (RIA)		7.196	23c. NAME OF CEMETERY O	R CREMATORY	VOIR	ON (City or Tov	FR	(County)	(State)
	NERAL DIRECTO	R DE91	0	ADDŘESS	1 1 1 2	D BY REGISTRAR	2Sb. RE	GISTRAR'S		0

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the directar, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pag should be filed with the State Dept. at Health priar to burial, crematian, or remaval, and in any event, within 72-hours TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours Page 4 may be retained by the haspital ar ottending physician. VR A15 (4) 25M 1/67

after death. funeral] and

ine by Thir



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15653 CERTIFICATE OF DEATH 15648 requires that the death certificate be executed within 24 hours ofter death. filled in by the funeral papers Pages 1 and 1 thin 72 hours often death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY Montgomery a. STATE b. COUNTY MARYLAND Dist. of Col. b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington Rockville d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? filled Potomac Valley Nursing Home 5,47 Massachusetts Ave. N.W. NO KO NAME OF Middle 4. DATE remove corbon First Lost Year ottending physicion and completely sermit. Then please remove corban DECEASED LUEDTKE 67 ADA ELIZABETH Nov. (Type or print) DEATH 9. AGE (In years IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED lest birthdoy) Months Doys Hours 9-29-1877 Female White WIDOWED DIVORCED 11. BIRTHPLACE (County & State, or foreign country) 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10h KIND OF BUSINESS OR 12. CITIZEN OF WHAT COUNTRY? A. INDUSTRY Alabama Housewife 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Frances Carpenter Jonas Aderholdt 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address Wash.D.C. (Yes, no, or unknown) [(If yes give wor or dotes of service) Mrs. Cecilia L. Moore, 5147 Mass. Ave. N.W. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN signed by the burial-transit p PART I. DEATH WAS CAUSED BY: ONSET AND DEATH ADENOCARCINOMA LAFT IMMEDIATE CAUSE (o) DUE TO WITH GENERALIZED METASTAGES 15 MONTHS Conditions, if ony, which gove rise to immediate couse (a). DUE TO stating the underlying couse Page 4 may be retained by the hospital or ottending to FUNERAL DIRECTOR: After this certificate has been be retoined by the hospitol or ottending as the 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) use YES NO for 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (County) (Stote) foctory, street, office bldg., etc.) Not While ot work at work 1967, to NOV6 21. (I certify that (I) (this hospital) attended the deceased from JULY 10 saw the deceased alive on Nov. 6 19 67, and that death accurred at M, fram causes and an the date stated above 220. SIGNATURE 22b. DATE SIGNED ATTENDING STAFF DIRECTOR 22d. ADDRESS 226 PHYSICIAN'S NAME (Type) director, should b 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, 23b. DATE THEREOF (County) (Stote) REMOVAL (Specify) 11-9-1967 Arlington, Va. Arlington Nat'l. Cem. Burial 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **ADDRESS** 5130 Wisc. Ave. N.W Joseph Gawler's Sons, Inc. VR A15 (4) 20 M 1/66

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14 5 75 8	e la company	100 175- 200		-		
	Manufacture 1					

Poge 4 may TO FUNERAL 25M 1/67

NAME (Type)

23o. BURIAL, CREMATION, REMOVAL (Specify)

24. FUNERAL DIRECTOR

MICHAEL

22d, ADDRESS MAYELOFF M.D 10620 UR 6 REGISTRAR'S SIGNATURE 2Sb.

e. IS RESIDENCE ON A FARM?

Year

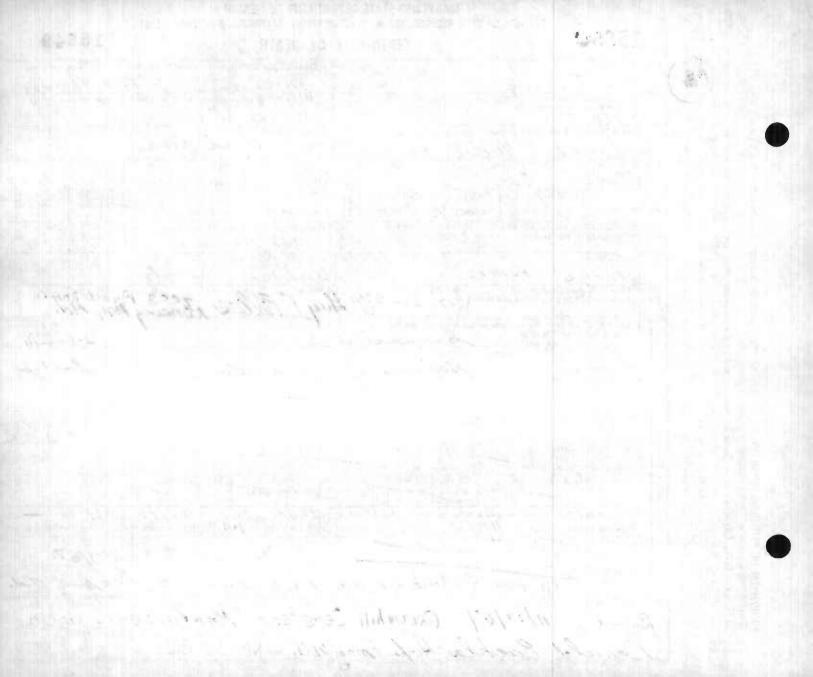
IF UNDER

Hours

YES

NO -

(Stote)



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15650

15655

CERTIFICATE OF DEATH

PLACE OF DEATH				
o. COUNTY	MARYLAND		- 21 The	nearmery
b. CITY DR TOWN (Woutside corporate lights.				
west RURAL gold give neorest town	5010 -	26	1	
LIEMERAL OF HISTORIAN OF THE STATE OF THE ST	scays	- susnen	7/000 V.	O Le IS RESIDENCE
d. NAME OF HUSPITAL OR INSTITUTION (If not in hospital	, give street oddress)/	d. SIKEET ADDRESS		ON A FARM?
Superdan		7826 Du	termone	Place YES NO
NAME OF // First	Middle	Last		th Day Year
(Type or print)	may	. Klad	DEATH //	12 1967
SEX 6. COLDR OR RACE 7. MARRIES	NEVER MARRIED	B. DATE OF BIRTH	9 AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
1= WILZ WIDOWE	DIVORCED T	7/2 /47/160		Months Doys Hours Min.
1 ance		11 RIPTHPLACE (County &		12. CITIZEN OF WHAT
ring most of working life, even if retired)		, , ,		COUNTRY? S. A.
				C1, J,11,
. FAIREK S NAME	THE RESERVE TO A TABLE	14. MUTHER'S MAIDEN NAT	/IE	
es, no, or dividently (if yes give wor or doles or service)	H	elen L. MacL	-Cod - See I	rem #2-
18. CAUSE OF DEATH (Enter only one couse per line f	or (a) (b) and (a))			INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	rebuo linscular	Insufficien	104	ONSET AND DEATH
16 1 1				
Conditions, if ony, which gove	rombosis Let	SUBCLAVIAN	Artery	14 days
I sign to immediate course (a)				
stoting the underlying couse	nevalued Att	newsclevos 1	5	andsterm.
, (1				
			TION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED?
Arteuroscievotic CA	vd to U ASCUL MAC	DIZCASE		YES NO
	DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in Por	t I or Port II of item 1B.)	
	INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, form,	20f. (City or town)	(County) (State)
Hour o.m. Wh	ile Not While fac			
p.tit. UIW		10	hc . 12-112	10/7 45-4/15/ 51
21. I certify that (1) (this haspital) atte	nded the deceased fram			, 19 <u>67</u> , that (I) (we) las
	2 19 <u>6 L</u> , and the	i death accurred at	wi, tram causes	
220. SIGNATURE		ATTENDING MI	D. STAFF	22b. DATE SIGNED 12 NOW 67
1	M.		RECTOR L PHYS. L	1 00000
22c. PHYSICIAN'S	B: -1 -1-	22d. ADDRESS	C. Alve Box	th. m.d.
Mauritabel DL. DCENTER IN	pratek	1 0210 001.	0-1100. 100	***************************************
o. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR	CREMATORY .	23d. LOCATION (City or To-	wn) (County) (Stote)
BEMOVAUSpecify) 11-16-1967	Rock Creek (Cemetery	Washington.	D.C.
4. FUNERAL DIRECTOR	ADDRESS	2So. REC'D B	Y REGISTRAR 25b. RE	GISTRAR'S SIGNATURE
Joseph Gawler's Sons, Inc	. 5130 Wisc. A	ve .NW. NNV	20 1967	Charles Jung
	D. CITY DR TOWN (I Jourside carparate lipers, word? RURAL one are neorest town) NAME OF DECEASED (Type or print) SEX 6. COLDR OR RACE 7. MARRIED 10b. III WIDOWER 10b. I	D. CIVITY TOWN (M'outside carparate lipes). D. CITY DR TOWN (M'outside carparate lipes). MARYLAND D. CITY DR TOWN (M'outside carparate lipes). MARYLAND D. C. LENGTH OF STAY IN 1b D. CALLY MIDOWED DIVORCED DI	D. COUNTY D. CITY OR TOWN UP duside corporate lipes, word RURAL gits are nearest grown C. LENGTH OF STAY IN 16	D. CITY OR TOWN DY AUTHOR COPPORTED TO THE PURPLE OF STAY IN 16 D. CITY OR TOWN DY AUTHOR COPPORTED TO THE RUE OF STAY IN 16 D. CITY OR TOWN OF AUTHOR COPPORTED TO THE RUE OF STAY IN 16 D. CITY OR TOWN OF OUTHOR COPPORTED TO THE RUE OF STAY IN 16 D. CITY OR TOWN OF OUTHOR COPPORTED TO THE RUE OF STAY IN 16 D. CITY OR TOWN OF OUTHOR COPPORTED TO THE RUE OF STAY IN 16 D. CITY OR TOWN OF OUTHOR COPPORTED TO THE RUE OF STAY IN 16 D. CITY OR TOWN OF OUTHOR COPPORTED TO THE RUE OF STAY IN 16 D. CITY OR TOWN OF OUTHOR COPPORTED TO THE RUE OF STAY IN 16 D. CITY OR TOWN OF OUTHOR COPPORTED TO THE RUE OF STAY IN 16 D. CITY OR TOWN OF OUTHOR COPPORTED TO THE RUE OF STAY IN 16 D. CITY OR TOWN OF OUTHOR COPPORTED TO THE RUE OF STAY IN 16 D. CITY OR TOWN OF OUTHOR COPPORTED TO THE RUE OF STAY IN 16 D. CITY OR TOWN OF OUTHOR COPPORTED TO THE RUE OF STAY IN 16 D. CITY OR TOWN OF OUTHOR COPPORTED TO THE RUE OF OUTHOR CO

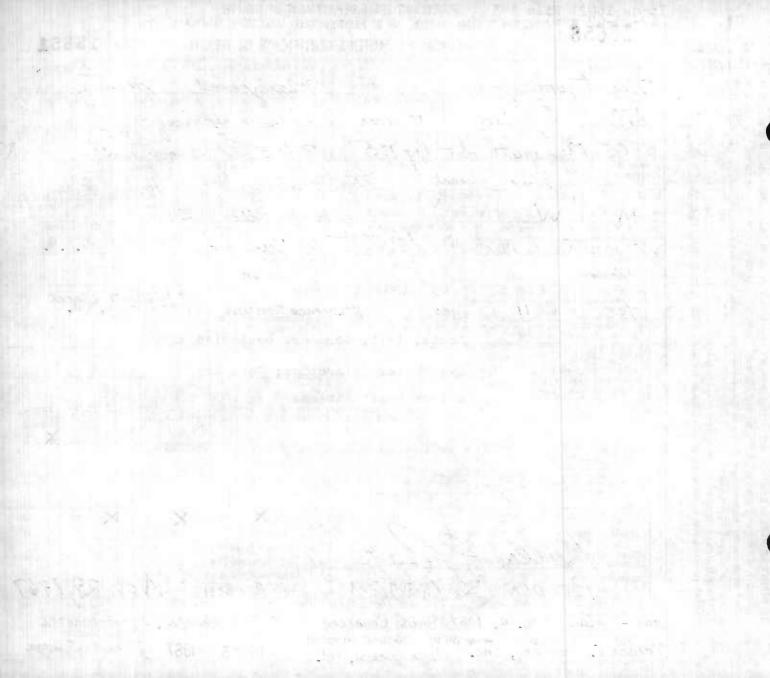
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban page should be filed with the State Dept. of Health priar to burial, crematian, ar remaval, and in any event, within Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 25M 1/67

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

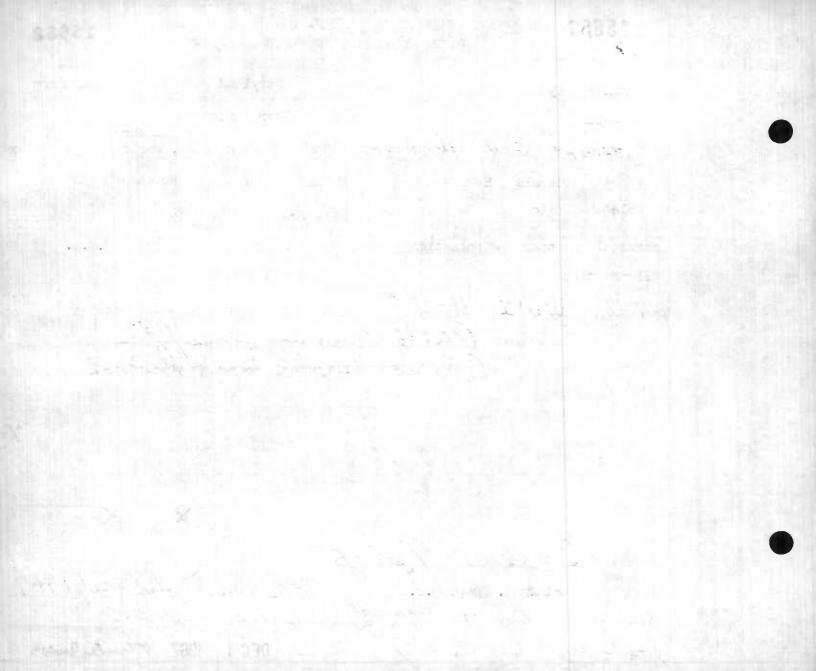
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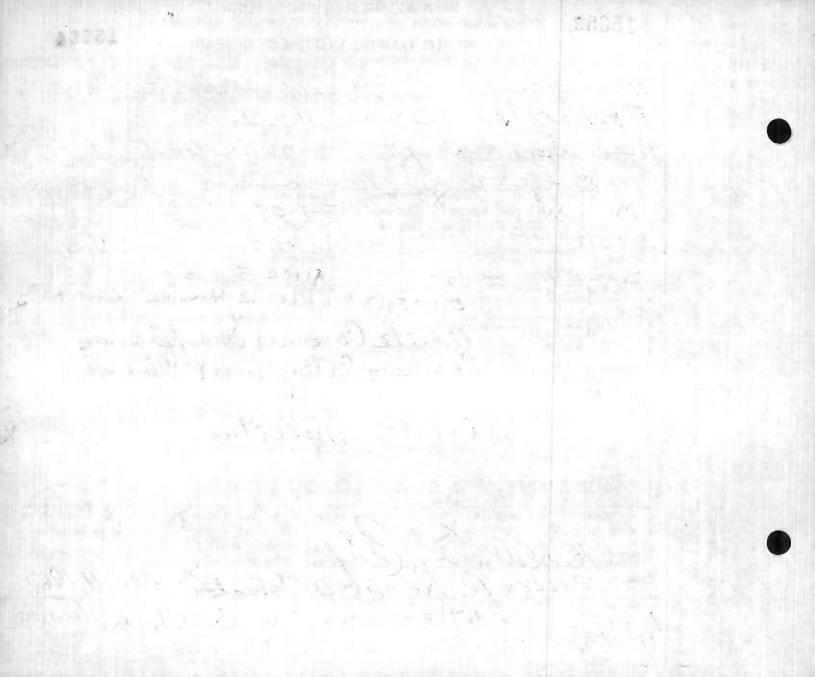
3 1	It	2-13-67 MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	15651
Pages 1, 2, and 3 to with form PM3. Page HLYBAH e State Department of the PM3.	2	PLACE OF DEATH a COUNTY MARYLAND b. CUTY OR TOWN (IV butside corporate limits, write RURAL and give street address) d. NAME OF HOSPITAL OR INSTAUTION (If not if haspital, give street address) NAME OF DECEASED 2. USUAL RESIDENCE (Where deceased lived, if institution: Reside of STATE in S	e. IS RESIDENCE ON A FARM? YES NO
INER: This certificate shauld be executed within 24 hours after death. If the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, should be farwarded to the Chief Medical Examiner's Office along with form files. 3 shauld be used as a burial-transit permit. File pages I and 2 with the State Detion, ar remayal, and in any event within 72 hours after death.	10 dur	(Type or print) SEX COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED 10. BIRTHPLACE (State or foreign country) NEWER MARRIED NEWER MARRIED NEWER MARRIED DIVORCED DIVORCED 11. BIRTHPLACE (State or foreign country) Thin FEWER FATHER'S NAME Unknown DEATH 9. AGE (In years last birthday) Months Months 12. Co. CO. CO. CO. CO. CO. CO. CO.	Days Haurs Min. ITIZEN OF WHAT OUNTRY 3
be executed within "pending" in pencil sief Medical Examine insit permit. File pagi	1S. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? es, na, or unknown) (If yes give war or dates of service) Y. C. S. 16. SOCIAL SECURITY NO. Plorence MacMinn Suver Spring, 16. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).)	Street Interval Between
This certificate shauld be ecate, writing the ward "pei be farwarded ta the Chief be used as a burial-transit remaval, and in any event		PART I. DEATH WAS CAUSED BY: HomeDiate Cause (a)	ONSET AND DEATH
This certificate, writing be farward to be used or remayal, or	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
INER: This certi e certificate, writ should be farwar files. 3 shauld be used tion, ar remaval,	L CERTIFICATION	20o. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 1B.)	
EXAMINER: ute the certi age 4 should your files. Page 3 shau cremation, a	MEDICAL	Haur a.m. p.m. 19 While at wark at wark factory, street, affice bldg., etc.)	aunty) (Stote)
TO DEPUTY MEDICAL EXAMINER: necessary, please execute the certificate funeral director. Page 4 should 18 may be retained far your files. TO FUNERAL DIRECTOR: Page 3 shauld Health priar ta burial, cremation, ar-		21. I certify that I taok charge of the remains described above, held an Autapsy , Inspection , Inquiry , death resulted from: Natural causes	and in my apiniar 22. DATE SIGNED
TO DE neces the factor of the	230 7m	a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)	(County) (Stote)
VR A15ME (5)	24	4 (FUNERAL DIRECTOR Thomas States 8434 Georgia Avenue 250. REC'D BY REGISTRAR 256. REGISTRAR'S driver E. Pumphrey, Inc. Silver Spring, Md. DATEDEC 5 1967 Pelisar	SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH PRESION STREET, BALTIMORE, MARYLAND 21201 15657 15652 CERTIFICATE OF MEDICAL EXAMINER'S DEATH FOR STATE HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, it institution; Residence before admission) a COUNTY o. STATE b. COUNTY delay is and 3 ta PM3, Page Maryland Montgomerv b. CITY OR TOWN II autside carparate limits, MARYLAND c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) CLENGTH OF STAY IN 16 and write RURAL and give nearest town) Silver Spring Wheaton d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give_street address) d. STREET ADDRESS Leisure IS RESIDENCE 350h Chiswick Court, World in Item 18. Give Pages-YES NO TX be executed within 24 haurs after death. NAME OF DATE WITH Middle Lost Month Day Year DECEASED 1967 November 30 Gerald Harper Mains (Type or print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. 8 DATE OF BIRTH AGE (In years S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthday) Manths Days Hauis Male White 72 haurs after death. WIDOWED DIVORCED 10g USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? INDUSTRY Michigan U.S.A. plastics chemical engineer Medical Examiner's 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Alice Easton Elmer Mains File 16. SOCIAL SECURITY NO 17 INFORMANT IS. WAS DECEASED EVER IN U.S. ARMED FORCES? Address (Yes, no oranknown) (If yes give war or dates of service) event within Montgomery General Hospital records unicatorer CAUSE OF DEATH (Enter only one couse per line for (a), (b), PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN burial-transit ONSET AND DEATH IMMEDIATE CAUSE (o) This certificate should the certificate, writing the ward DUF TO any Conditions, it any, which gave rise to immediate cause (a). D = DUF TO stating the underlying cause 0 be farwarded gud last OS WAS AUTOPSY PERFORMED? remaval, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO pe 20g. EXTERNAL CAUSE WAS 20b, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.) 3 should 0 PRIMARY Or CONTRIBUTING 4 shauld AL EXAMINER: CAUSE OF DEATH. cremation, MEDICAL 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year Not While Hour a.m factory, street, office bldg., etc.) Your DIRECTOR: Page at wark 21. I certify that I taak charge of the remains described above, held an Autopsy Inspection 🔀 and in my apinian 0 Natural causes death resulted from: Arcident. funeral directar. Suicide Hamicide Undetermined manner be retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER Health priar FUNERAL F SIGNATURE O DEPUTY **EXAMINER'S** NAME (Type) lown, or county) Belden R. Reap. M.D. 23. NAME OF CEMETERY OR CREMATORY
IT A to allow 1 Santol
Cococia Wash Unio 23g. BURIAL CREMATION. 23b. DATE THEREOF 0 REMOVAL (Specify) 24 FUNERAL DIRECTOR 2Sb. REGISTRAR'S SIGNATURE 2Sa REC'D BY REGISTRAR DATDEC Ochanlas Jon



Management of the State of the 300.5 Natice | 10 21, 12 200 | 10 2 20 | 10 2 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 10 20 | 1 The First of the second of the The state of the s 7.001, B . V4. 1 . 1967 W .0 . . 201 = 510 BA ON .A MERN HA * * 6 Markette, believed to the last of the last H. LE LE S. D. C. D. Charleson, its Timbs ... P. P. C. There is the state of the st



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

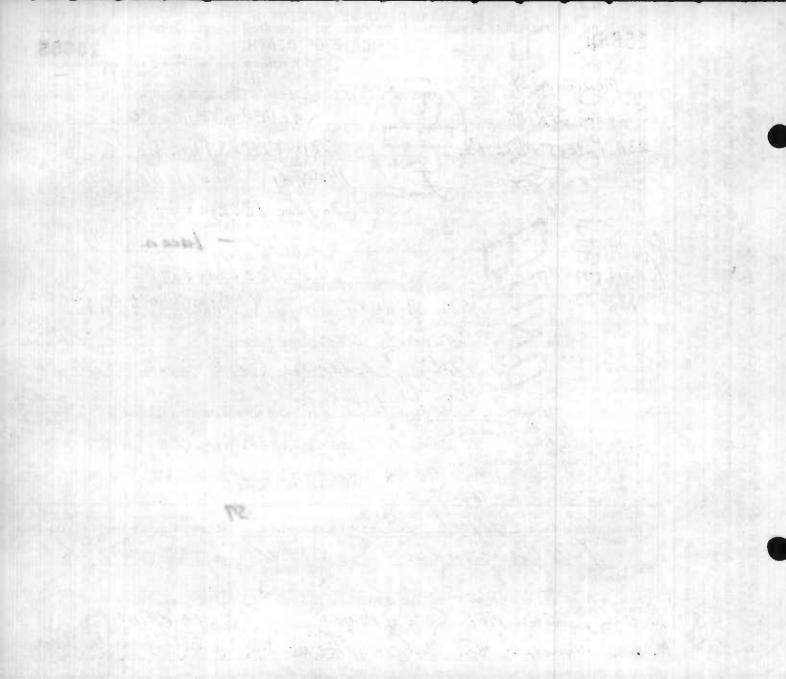
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours aft Page 4 may be retained by the hospital or attending physician.

VR AI5 (4) 20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

Į	JIŲ	ZION	OF	STATISTICAL	RESEARCH	AND	RECORDS,	301 W	. PRESTON	STREET,	BALTIM
C	00	50			C	ERT	IFICATE	OF	DEATH		

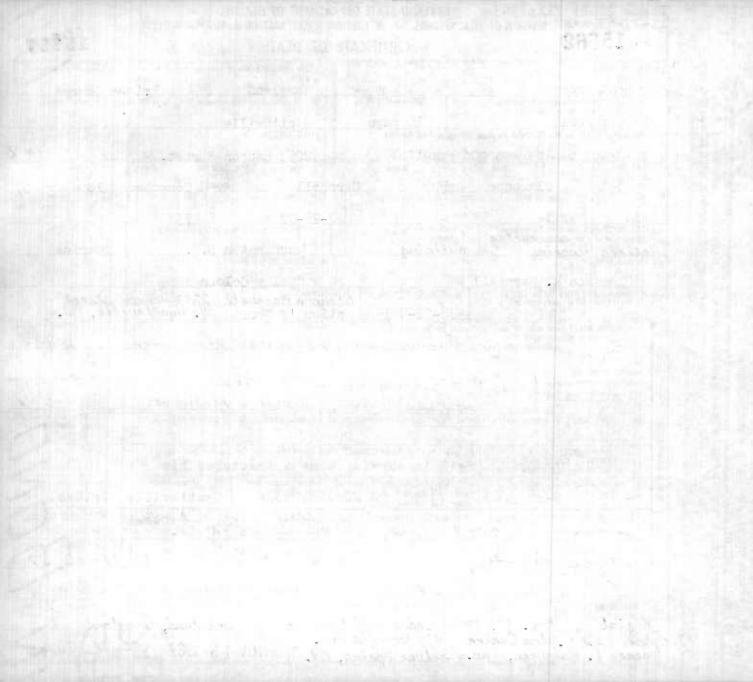
	DEMINIORIE OF DEATH
1.	PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution residence before admission a. STATE b. COUNTY b. COUNTY
	MONTGOMERY MARYLAND
	b. CITY OR TOWN (if outside corporate limits. C. LENGTH OF STAY IN 1b C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town
	write RURAL and give-nearest town)
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENT ON A FARM
	2311 PLYERS MILL RD. YES NO L
3.	NAME OF First Middle M Last 4. DATE Month Day Year DECEASED
-	(Type or print) 905EPH 4. 117ECH DEATH / NOV 196 / 19
Э.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR FUNDER 24 HI last birthday) Months Days Hours Mir
10	WIDOWED DIVORCED JOJUNE 1882 95 yrs.
du	12. USUAL OCCUPATION (Give kind of workdone 10b. KIND OF BUSINESS OR II. BIRTHPLACE (County & State, of foreign country) 12. CITIZEN OF WHAT COUNTRY
13	CRNAMENTAL INTERESE LIALY - Wices. US
13	A FATHER'S NAME 14. MOTHER'S MAIDEN NAME
1	NASILIO MITACHI CELISEDARSOTI
(Y	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address es, no, or unknown) (If yes give war or dates of service)
	1/3 1 D/7-07-6808H VULIUS (1"HRCH) 55 mm.
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:
	IMMEDIATE CAUSE (a) Coronary occlusion 5 km
	DUE TO OF O
	gave rise to immediate (b) Chelino schlows Condition dustage 10 years
	cause (a), stating the DUE TO
ON	underlying cause last. (c) Myseria. 3 years PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119, WAS AUTOPS'
CATIC	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED? YES UND THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED? YES UND THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED? YES UND THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED? YES UND THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED? YES UND THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED?
TFI	20a. ACCIDENT WAS UNDERLYING TO 20b. DESCRIBE HOW INVERSE OF CENTER OF Indiany In Part Lor Pa
CERTIF	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
/EOI	Hour a.m. While Not While at work at work
-	21. I certify that (I) (this hospital) attended the deceased from
	saw the deceased alive on
	22a. SIGNATURED 12b. DATE SIGNED
	M.D. ATTENDING MED. STAFF DIRECTOR DIRECTOR PHYS. 0
	22c. PHYSICIAN'S NAME (Type) 22d. ADDRESS
232	
1	a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
24	FÜNERAL DIRECTOR ADDRESS OC 2 CO 12 1 25a. REGISTRAR 25b. REGISTRAR'S SIGNATURE
h	iNASA TUNERAL HOME IN. 1400 GEORGIA HOE NUVOATENOV 14 1967 Tollandes Judge
LI.	the way of the state of the sta



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15661 15656 CERTIFICATE OF DEATH OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-haurs after death. death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY b. COUNTY o. STATE Montgomery MARYLAND Pennsylvania Pages urs afte b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
Bethesda 59 days Kingston d. STREET ADDRESS e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street oddress) within 7 The Clinical Center, Bethesda, Maryland 26 West Bennett Street YES NO TO 3. NAME OF Middle 4. DATE carban First Last Year Day DECEASED 19 67 Mark November (Type or print) Harold Lewis DEATH NEVER MARRIED IF LINDER 1 YEAR 1F LINDER 24 HRS S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years 7. MARRIED last birthday) Months Hours 13 November 1946 White WIDOWED DIVORCED Male. 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) Student physician on please INDUSTRY COUNTRY? Pennsylvania USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remova Sidney Mark Betty Bosch attending permit. The 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, ar unknown) ((If yes give wor or dates af service) 16. SOCIAL SECURITY NO. The Medical Records The Clinical Center, Bethesda, Maryland 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: Gram-negative septicemia IMMEDIATE CAUSE (a) DUF TO Canditions, if any, which gove Acute perforation of appendix days rise to immediate cause (o), DUE TO stating the underlying cause this certificate has been ll months Acute myelogenous leukemia WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) Intracranial hemorrhage YES X NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 2Do. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 2Dc. TIME OF INJURY Manth, Day, Year (City or town) (County) (Stote) Not While factory, street, office bldg., etc.) 13 at wark FUNERAL DIRECTOR: After 21. I certify that (4) (this haspital) attended the deceased from September 1519 67, to November 1, 19 67, that (4) (we) last be retained saw the deceased alive an November 13 1967, and that death occurred at 5:20M, from causes and on the date stated above. 22g. SIGNATURE 22b. DATE SIGNED STAFF PHYS. 13 Nov. 1967 DIRECTOR 22d. ADDRESS The 22c. PHYSICIAN'S Clinical Center, National NAME (Type) Thomas Clancy, MD Institutes of Health, Bethesda, Md. directar, shauld b 23c. NAMPNOE CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23d. LOCATION (City or Town) (County) (State) 9 VR A15 (4) 25M 1/67

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1	It	ems 20&21 Film 395 MARYLAND STATE DEPARTMENT OF HEALTH -27-67 ams DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
		15662 - CERTIFICATE OF DEATH	15657
by the funeral By the funeral Pages I and 2 hours after death		PLACE OF DEATH o. COUNTY Montgomery MARYLAND 2. USUAL RESIDENCE (Where deceased lived, if institution on STATE b. COUNTY MARYLAND Maryland Pri	n: Residence before odmission) Y nce George
by the Pages ours aff		b. CITY OR TOWN (If autside carparate limits, write RURA write RURAL and give necrest town) Takoma Park C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURA Hvat.tsville	L ond give neorest town)
filled in papers	1	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) ashington Sanitarium and Hospital 2253 Hannon Street, W	e. IS RESIDENCE ON A FARM? YES NO
letery fi arbon art, with		NAME OF First Middle Lost 4. DATE Month DECEASED OF (Type or print) Clarence Ashby Marshall DEATH November	Doy Year
e executed within and campletery firemove carbon in any event, with	7	Tale White WIDOWED DIVORCED 2-28-02 75 yrs.	Months Doys Hours Min.
ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours etained by the haspital or attending physician. CTOR: After this certificate has been signed by the attending physician and campletely filled in by should be detached far use as the burial-transit permit. Then please remove carbon papers. Part the State Dept. af Health priar to burial, crematian, ar removal, and in any event, within IR hours with the State Dept. as the burial, crematian, ar removal, and in any event, within IR hours with the State Dept. as the burial, crematian, ar removal, and in any event, within IR hours with the State Dept.	10c	USUAL OCCUPATION (Give kind of work doop ing most of working life, and makes of the line o	12. CITIZEN OF WHAT COUNTRY? America
certific g physi lhen pl moval,		Clarence W. Marshall Sally Golden	
ne death certificate be ottending physician c permit. Then please ian, ar removal, and in	15.	WAS DECEASED EVER IN U.S. ARMED FORCES? Is, no, or unknown) (If yes give wor or dotes of service) 578-20-8715 Blanche Marshall 2253 Hanne Yes WWI 578-20-8715 Patient's Chart Republic of the service of the ser	
that the an. by the a rransit pe crematia		1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Fulminating bilateral pheumonia	ONSET AND DEATH
equires that the physician. signed by the burial-transit burial, cremat		Conditions, if ony, which gove rise to immediate couse (o), DUE TO DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO DUE TO DUE TO Conditions of the practice o	8 days
The law recattending particular been size as the bigger to be a size as the bigger to be a size as the bigger to big		stoting the underlying couse (c) Arteriesclerosis; Diabetes Mellitus.	+ 4-5 yes
N: The or afte has a ruse a calth pr	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 1B.)	19. WAS AUTOPSY PERFORMED? YES NO
G PHYSICIAN: 1 the haspital or this certificate detached for us to Dept. af Health		OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) Fell in nursing home & fractured hip	(County) (State)
IDING PHYSICIAN: The law requires the d by the haspital or attending physician. After this certificate has been signed by 1 be detached far use as the burial-transe State Dept. af Health priar ta burial, cre.	MEDICAL	- Hour o.m. 9-28 19 67 While of work Nutro of the bldg etc.) Hyattsvill	e Pr.Geo. Md.
OR ATTENDI be retained b DIRECTOR: Af ge 3 shauld bed with the S		21. I certify that (I) (this haspital) attended the deceased fram May, 1961, to Movie on 1967, and that death accorred at 32 AM, fram causes a 220. SIGNATURE	nd an the date stated abave 1 22b. DATE SIGNED
d w		M.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. 22c. PHYSICIAN'S 22d. ADDRESS	11-10-67
TO HOSPITAL OR ATTENE Page 4 may be retained TO FUNERAL DIRECTOR: A director, page 3 shauld should be filed with the	23	NAME (Type) ROBERT B. IREY 11161 New Hampshire BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Tow	
5-5 3	12	REMOVAL (Specify) Nov. 13. 1967 Cedar Hill Cemetery Suitland Ma. AMERICAN DIRECTOR C. Clark Capter SuzuaDORESS AGIA (128 1250. REC'D BY REGISTRAR 25b. REG	ryland ISTRAR'S SIGNATURE
VR A15 (4) 25M 1/67	U	Varner E. Pumphrey, Inc. Silver Spring, Md. DATENOV 15 1967	harles Judge



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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	0	00	663

CERTIFICATE OF DEATH

4	a. COUNTY	ntgomery				2. USUAL RESIDENCE o. STATE	(Where dece	F (01)		e befare o	admirsio	n)
1		(If autside carparate limit	c	MARYLA C. LENGTH OF STAY IN		c. CITY OR TOWN (If o	_		IDA1 and aive	nancast t	awa)	
	Betheso	d give negrest town)	3,	96 days	10	1	ingto		IKAL OIIG GIVE	Tieoresi i	owii)	3
	d. NAME OF HOSPI	TAL OR INSTITUTION (If no	at in haspital, g	give street address)		d. STREET ADDRESS					IS RESID	
9	Naval H	ospital				5011 Nort	th 4th	Street		YES	ON A FA	NO X
T	3. NAME OF DECEASED		rst	Middle		Last	4. DATE			Day	Yea	
	(Type or print)		vid	L.		MARTIN	DEAT		ember	29	19	
4	S. SEX	6. COLOR OR RACE	7. MARRIED 2	NEVER MARRIED		. DATE OF BIRTH		9. AGE (In years last birthday)	IF UNDER 1 Months		Hours	24 HRS Min.
	Male	Cauc	WIDOWED	DIVORCED		July 27, 19	800	59 yrs.	MOIIIIS	Days	LIGUIZ	PVIII.
	10o. USUAL OCCUPATIO during most of working	N (Give kind of work dane lite, even if retired)	10b. KI	ND OF BUSINESS OR DUSTRY		11. BIRTHPLACE (County Dayd Cit				ZEN OF W INTRY?		SA
	13. FATHER'S NAME					14. MOTHER'S MAIDEN						
	Jesse E	arl Martin				Mildred	Blair					
1	15. WAS DECEASED EV	ER IN U.S. ARMED FORCES?	16.	SOCIAL SECURITY NO.	17. 1	NFORMANT	-101	Addr	ress	313		
	(Yes, na, ar unknawn) Yes	(If yes give wor or dates o	of service) 2	30-48-9263	Н	ospital rec	ords				1	
	18. CAUSE OF D PART I. DEA Conditions, if one rise to immedia stating the undel last.	te cause (a),	(o) Pul: 10 (b) Car	(a), (b), and (c).) monary embo			later	al			VAL BETV	
	PART II. OTHER S	IGNIFICANT CONDITIONS C	ONTRIBUTING T	O DEATH BUT NOT RELAT	ED TO T	HE TERMINAL DISEASE CO	ONDITION GI	VEN IN PART 1(a)		19. W PE YES	AS AUTO RFORME	PSY 00
	(IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DE	SCRIBE HOW INJURY OCCI	URRED. (Enter nature af injury in	Part I or P	art II af item 18.)	314			
	Haur a.	URY Month, Day, Year m. 19	20d. IN While at wark	Nat While		E OF INJURY (Hame, far ary, street, office bldg., etc		(City or town)	(Cau	nty)	(S	itate)
	21. I certi	ify that ₹(1) (this has eceased alive an	pital) attend	ded the deceased fr	am d that	Aug. 25 , death accurred a	19 <u>67,</u> 1815P	ta Nov. 20 M, fram causes	9, 19 <u>6'</u> and an th	Z, that e date :	(t) (w	ve) last abave.
	22a. SIGNATURE 2 22c. PHYSICIAN'S NAME (Type	James E. I	Davis	lavis	M.D	22d. ADDRESS	MED. DIRECTOR	STAFF D	30/	TE SIGNED	. T.	
	23a. BURJAL, CREMATI REMOVAL (Specific		-67	23c. NAME OF CEMETE Arlington	Na:	rematory tionah	23d. Ar	location (City or To	own) ((Caunty)	(St	ote)
		R Arlington						TRAR 25b. R	EGISTRAR'S SI	GNATURE	· Am	
	3901 No	rth Fairfax	Drive	. Arlington	. V:	DATE N	FCS	1967	Muni	* De	1	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers—shauld be filed with the State Dept. at Health priar ta burial, crematian, ar remayal, and in any event, within 72 hour VR A15 (4) 25M 1/67

e funeral

fter death

hours

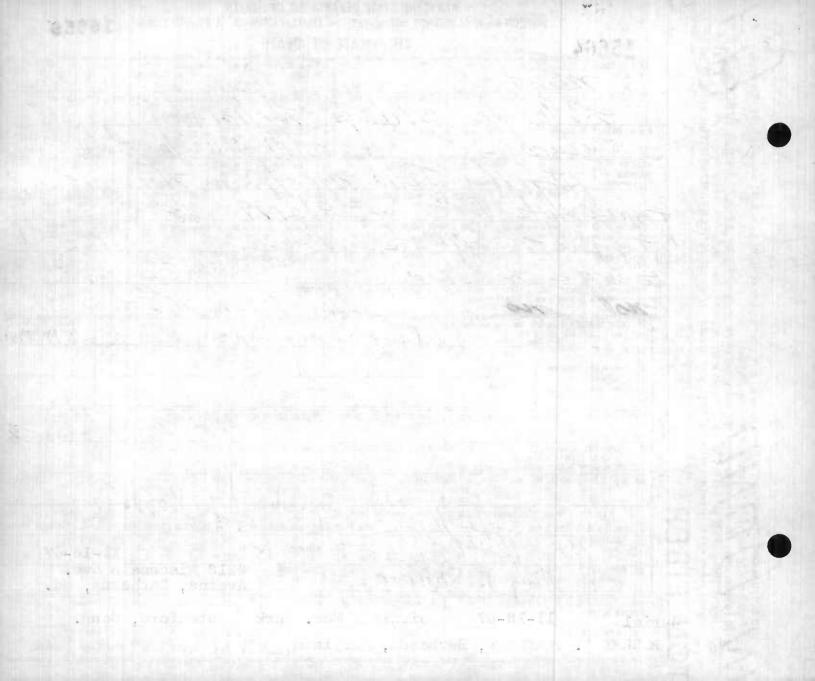
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

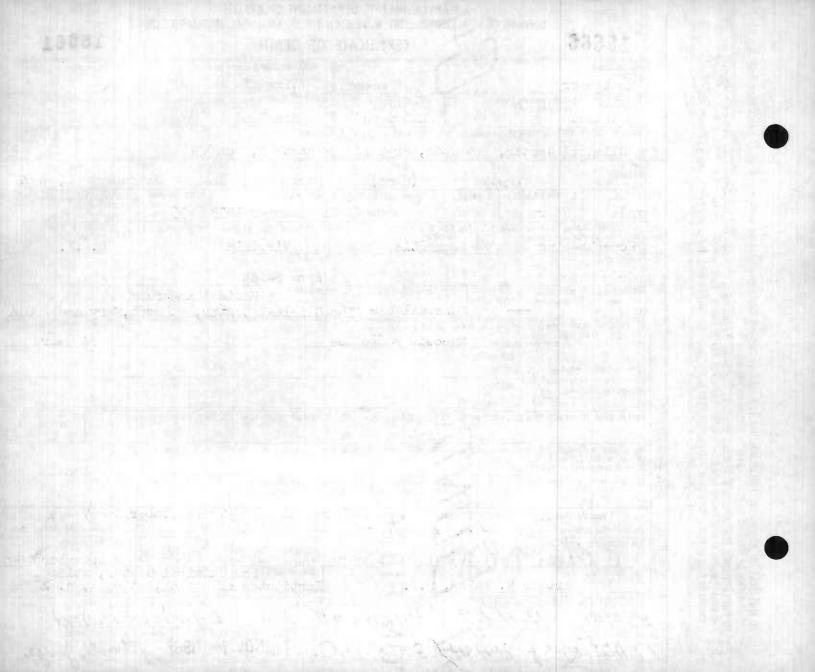
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		15664		CERTIFICAT	E OF DEATH			
		PLACE OF DEATH O. COUNTY	1		2. USUAL RESIDENCE (W	here deceased lived, if institut b. COU		are admission
		116011	,	MARYLAND	1/2			U
		 b. CITY OR TOWN (If outside corporate lin write RURAL and give nearest town) 	nits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN III out	sidé corporate limits, write RU	RAL ond give neor	rest town)
		The thes	da.	28 atack	3 /4/	ing for		73-3
		d. NAME OF HOSPITAL OR INSTITUTION LAS	nat in haspital, gi	ive street address)	d. STREET ADDRESS	-//	11	e. IS RESIDENCE ON A FARM?
10		D'u surba	ec.		27/1-	S. Walter.	Zeed II	YES NO
		NAME OF DECEASED	First	Middle	Lost /	4. DATE Mon	th Or	oy Year
		(Type or print)	they,	dalla 1	Martin.	DEATH TOO	1, 1	5 196/
	S.	SEX 6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	Manths Ooys	
	1	emale white	WIDOWED [OIVORCED	9/2/19	4 yrs.	Mullins Ooys	ndois min.
	100	. USUAL OCCUPATION (Give kind of work do ing prost of working life, even if retired)	ne 10b. KIN	ND OF BUSINESS OR	11. BIRTHPLACE (County &	State, ar lareign country)	12. CITIZEN COUNTRY	
/		1-41/1570	1	roate.	Cenn.		1 Comik	5.4
	13.	FATHER'S NAME	1//		14. MOTHER'S MAIDEN NA	AME	/	-50
	1	Jenge 7	11/70	m 51		1 tu	1/10	5
	13.	WAS DECEASED EVER IN U.S. ARMEO FORCE	S? 16. S		INFORMANT	Addy	ess	
	(ye	(If yes give wor ar date		6	oulis Nul	en 7/14	Ti'M	
		8. CAUSE OF DEATH (Enter only one		(a), (b), and (c),)	(1,			NJERVAL BETWEEN N
		PART I. OEATH WAS CAUSED BY:	M	Wenter	ury U	randri	al	DUSET AND DEATH
		163 X IMMEDIATE CAU	UE TO					V. / / C / /
		Canditians, if any, which gove	(b)				1	
		rise to immediate couse (a),	UE TO					
		stating the underlying couse last.	(c)					
		PART II. OTHER SIGNIFICANT CONDITIONS		O DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONC	DITION GIVEN IN PART 1(g)	11	9. WAS AUTOPSY
2	TION	, and it office storm text complitions	CONTRIBUTION	O DEATH DOT HOT KEDITED TO	THE PERMITTE DISERSE CONT	onton orten in their ito		PERFORMED? YES NO
	CERTIFICATION	20o. ACCIDENT WAS UNDERLYING □	20h DES	SCRIBE HOW INJURY OCCURRED	(Enter nature of injury in P	ort Lor Part II of item 1R)		713 [] 110 [8]
	ERTI	OR CONTRIBUTING CAUSE OF OEATH	200. 003	SCRIDE HOW MAJORY OCCURRED	. (Enter notate of injury in t	on to run it of them to.,		
		(IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Yeor	204 IN	JURY OCCURRED 20e. PL	ACE OF INJURY (Home, form,	20f. (City or town)	(Caunty)	(Stote)
	MEDICAL	Haur o.m.	While	Not While fo	ctory, street, office bldg., etc.)	1	(Coomy)	(31016)
		p.m.	9 at work		and .	17 1075	1 101-	7
		21. I certify that (I) (this h		led the deceased tram_	, 19	3 56 M, fram causes	190	that (I) (we) la
		saw the deceased alive an	11151	/(_/19, and th	at death accurred at	M, fram causes		
		22a. SIGNATURE	1	n , 1515		MED. STAFF	22b. OATE SIG	
		22c. PHYSICIAN'S	-0 10	april N		B218 Wiscon		
1		NAME (Type)	R.S	MAPIRA		Avenue. Bet		
-	-							
	230	BURIAL, CREMATION, 23b. OATE REMOVAL (Specify)		23c. NAME OF CEMETERY OF		23d. LOCATION (City or To		.,
B	PROPERTY.	ial LI-IC	1-0/	Fairfield		Stamford		
		I. FUNERAL DIRECTOR OBERT A. PUMPHE	FV Bo	thesda, Mar			EGISTRAR'S SIGNAT	URE CON
	L	DDEKT W. LOLLEUI	mr , ne	thesua, rial	yland DATENON	1 1 7 1967 /	Charles	more

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within-34 hours after deoth. Page 4 may be retained by the hospital or attending physicion. VR A15 (4) 25M 1/67



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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15662 CERTIFICATE OF DEATH death requires that the death certificate be executed within 24 hours after death ond PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) the funeral o. STATE a. COUNTY b. COUNTY Maryland Montgo merv MARYIAND b. CITY OR TOWN (If outside corparate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Silver Spring Silver Spring e. IS RESIDENCE ON A FARM? filled in d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS papers. hin 72 h 1513 Woodman Ave nue 1513 Woodman Avenue YES NO X NAME OF Middle Lost 4. DATE Manth **First** Doy Year remave carban and campletely DECEASED JOHN BRADBURN MATHEWS 1967 (Type or print) DEATH 1 YEAR AF UNDER 24 HRS. 9. AGE IF UNDER S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH (In years 7. MARRIED NEVER MARRIED birthday) Months Doys Haurs White 9-24-1923 any Male WIDOWED DIVORCED 12. CITIZEN OF WHAT IDa. USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) INDUSTRY GOVE. COUNTRY? during most of working life, even if retired)
De partment of Defense the attending physician sit permit. Then please South Dakota ond 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME signed by the attending physi burial-transit permit. Then pl burial, crematian, or removal, Adelaide Bradburn Oscar Mathews 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, na, ar unknawn) (If yes give, war or dotes af service)
Yes 2-1943to 10-19 579-26-1847 Georgia Ann Mathews-See Item No. 2 INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED 8Y IMMEDIATE CAUSE (a) attending physician. DUE TO Conditions, if any, which gove (b) rise to immediate cause (a), DUE TO stating the underlying cause TO FUNERAL DIRECTOR: After this certificate has been the Health priar to TO HOSPITAL OR ATTENDING PHYSICIAN: The law last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION NO Page 4 may be retained by the haspital ar 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) for 2Da. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2De. PLACE OF INJURY (Home, farm, 2Dd. INJURY OCCURRED (City or town) (Stote) 20c. TIME OF INJURY Month, Day, Year (County) Haur o.m. foctory, street, affice blda., etc.) Nat While at work at wark 1967, ta har 10 , 1967, that (1) (we) last 21. I certify that (1) (this haspital) attended the deceased fram director, page a such auld be filed with the S 19 19, and that death accurred at AM, fram causes and an the date stated above. saw the deceased alive an 22b. DATE SIGNED 22a. SIGNATURE STAFF PHYS. ATTENDING M.D. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) IN 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. 8URIAL CREMATION. (County) (State) REMOVAL (Specify) 11-14-1967 Baltimore Nat'l. Cemetery Baltimore, Md. Removal 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D 8Y REGISTRAR Joseph Gawler's Sons, Inc. **ADDRESS** VR A15 (4) 20 M 1/66 N.W. Ave. Wash. CC.

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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CERTIFICATE OF DEATH

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requires that the death certificate be executed within 24 hours after deat glaystician. signed by the attending physician and campletely filled in by the funeral burial-transit permit. Then please remove carban papers. Pages I and a burial, crematian, ar removal, and in any event, within 72 hours after deal			R IN U.S. ARMED FORCES? (If yes give wor or dotes	of convice)	L3 50 59	3.6	NFORMANT rs. Evelyn	Selby	Addr - siste		e item #2
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Afte of be o		21. I certif	fy that (1) (this has	spital) attende	ed the deceased	fram_/	0-13 ,1	19 <u>67</u> , to	19-15	, 1967,	that (I) (we) last
OR:			eceased alive an_	11-14	1967,	and that	death accurred at	12 25 M	, fram causes		
OR ATTEI be retaine DIRECTOR: ge 3 shoul led with th		220. SIGNATURE	-landama -	21	eil.	M.C	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	22b. DATE S	IGNED
may b may b RAL D r, page		22c. PHYSICIAN'S NAME (Type)	L. I. L	eal			22d. ADDRESS Medical (Center	-Gaithe	ersburg	, Ma.
TO HOSPITAL OR ATTENDIN Page 4 may be retained by TO FUNERAL DIRECTOR: After director, page 3 should be shauld be filed with the Sta		BO. BURIAL, CREMATIC		IEREOF	23c. NAME OF CEA Darnest	own		23d. LO Dar	CATION (City or To	own) (Cou , Maryl	enty) (State)
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15663 CERTIFICATE OF DEATH OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY o. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If outside carparate limits c. LENGTH OF STAY IN 1b c. CITY OR TOWN autside carparate limits, write RURAL and give rearest town) write RURAL and give negrest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS ban paper within 72 filled ban NAME OF Middle DATE First last Manth campletely DECEASED OF remave car and in any event, (Type ar print) DEATH S. SEX NEVER MARRIED 8. DATE OF BIRTH AGE (In years 7. MARRIED last birthday) WIDOWED DIVORCED and 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) physician a during most of orking life, even if retired) INDUSTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar removal. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMAN (Yes, no, or unknown) (If yes give war or dotes of service None crematian. 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) signed by the burial-transit PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) physician. DUE TO buria. Canditians, if any, which gave rise ta immediate cause (a), DUE TO stoting the underlying cause been the prior to (c) as has PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) this certificate ar 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Home, form, 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Doy, Year factory, street, office bldg., etc.) Haur o.m. Nat While at wark at wark be 21. I certify that (I) (this hospital) attended the deceased fram sow the deceosed olive on and that death' accurred at 22o. SIGNATURE

12. CITIZEN OF WHAT J. McDonough -Item # INTERVAL BETWEEN ONSET AND DEATH Page 4 may be retained by the hospital ar attending 9. WAS AUTOPS)
PERFORMED?
YES NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II of item 18.) (City or town) (County) (State) DIRECTOR: After M, fram couses and on the date stated above. 22b. , DAYE SIGNED director, puy Cucer M.D. PHYS DIRECTOR 22d ADDRESS 22c. PHYSICIAN'S FUNERAL NAME (Type) NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION. 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) (Stote) OF 11/16/67 2 Silver Spring 24. FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE Tyson Wheeler, Rockville, Md.

iagear. Land Company of the C .bik- college, college (00 1)

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

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write RURAL and give nearest fawn) 4 day Bethes da d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) John Hospital or Institution (If nat in haspital, give street address) John Hospital or Institution (If nat in haspital, give street address) John Hospital or Institution (If nat in haspital, give street address) John Hospital or Institution (If nat in haspital, give street address) John Hospital or Institution (If nat in haspital, give street address) John Hospital or Institution (If nat in haspital, give street address) John Hospital or Institution (If nat in haspital, give street address) John Hospital or Institution (If nat in haspital, give street address) John Hospital or Institution (If nat in haspital, give street address) John Hospital or Institution (If nat in haspital, give street address) John Hospital or Institution (If nat in haspital, give street address) John Hospital or Institution (If nat in haspital, give street address) John Hospital or Institution (If nat in haspital, give street address) John Hospital or Institution (If nat in haspital, give street address) John Hospital or Institution (If nat in haspital, give street address) John Hospital or Institution (If nat in haspital, give street address) John Hospital or Institution (If nat in haspital, give street address) John Hospital or Institution (If nat in haspital, give street address) John Hospital or Institution (If nat in haspital, give street address) John Hospital or Institution (If nat in haspital, give street address) John Hospital or Institution (If nat in haspital, give street address) John Hospital or Institution (If nat in haspital, give street address) John Hospital or Institution (If nat in haspital, give street address) John Hospital or Institution (If nat in haspital, give street address) John Hospital or Institution (If nat in haspital, give street address) John Hospital or Institution (If nat in haspital, give street address) John Hospital or Institution (If nat in ha
d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS d. STREET ADDRESS le IS R ON VES 3. NAME OF DECEASED 3. NAME OF DECEASED (I'ype or print) 5. SEX 6. COLOR OR RACK 7. MARRIED NEVER MARRIED 10. SPACE (In years last birthday) NEVER MARRIED 10. SPACE (In years last birthday) NOT A SET OF BIRTH 9. AGE (In years last birthday) NOT A SET OF BIRTH 10. USUAL OCCUPATION (Give kind af wark dane during most of working life, even, if retired) 10. USUAL OCCUPATION (Give kind af wark dane during most of working life, even, if retired) 10. USUAL OCCUPATION (Give kind af wark dane during most of working life, even, if retired) 10. USUAL OCCUPATION (Give kind af wark dane during most of working life, even, if retired) 10. NOUSTRY 11. BIRTHPLACE (County & State, ar fareign country) 12. CITIZEN OF WHAT COUNTRY?
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13. EATHER'S NAME 14. MCGAUGHAN 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war ar dates of service) 18. CAUSE OF DEATH (Enter only one couse per Jing for (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) (C.VI) 14. MCGAUGHAN 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war ar dates of service) 18. CAUSE OF DEATH (Enter only one couse per Jing for (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) (C.VI) 14. MCGAUGHAN 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war ar dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT —son Address / O.O. Succession Address / O.O. Succession INTERVAL ONSET AN
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18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) (1) Coronary To Cingasas IMMEDIATE CAUSE (a) (1) Coronary To Cingasas
18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) () () () () () () () () ()
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS A PERFEC
YES 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.)
OR CONTRIBUTING CAUSE OF DEATH
200 Month County
21. I certify that (I) (this haspital) attended the deceased fram 1/1/1/1967, to 1/1/2/4, 1967, that (I)
saw the deceased alive an 1/ 23 19 6), and that death accurred at 1/2 / 1/3 M, fram causes and an the date sta
saw the deceased alive an 1/23 19 6), and that death accurred at 1/24 1/3 M, fram causes and an the date star 220. SIGNATURE 22b. DATE SIGNED M.D. ATTENDING DIRECTOR DIRECTO
M.D. PHYS. DIRECTOR PHYS. D
29 4 0 0 NAME(Type)//) // / / // // // // // // // // // /
23a. BURIAL, CREMATION, Cremation, Cremation 11/27/67 Cedar Hill Crematory Suitand, Maryland
Cremation 11/27/67 Cedar Hill Crematory Suitand, Maryland
24. FUNERAL DIRECTOR ADDRESS Wash.D.C. 250. RECD BY REGISTRAR 256. REGISTRAR'S SIGNATURE OF A 15 (4) ADDRESS Wash.D.C. 250. RECD BY REGISTRAR 266. REGISTRAR 3 (4) ADDRESS Wash.D.C. 250. RECD BY REGISTRAR 3 (4) ADDRESS WASH.D.C. 250. REGISTRAR 3 (4) ADDRESS WASH.D.C. 250. REGISTRAR 3 (4) ADDRESS WASH.D.C. 250. RECD BY REGISTRAR 3 (4) ADDRESS WASH.D.C. 250. RECD BY REGISTRAR 3 (4) ADDRESS WASH.D.C. 250. RECD BY REGISTRAR 3 (4) ADDRESS WASH.D.C. 250.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15671 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 15666 HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY a. STATE MARYLAND D (If outside corporate limits nd give Pearest town) c. LENGTH OF STAY IN 1b write RURAL and give nearest tawn) oug del Jaspin 2 IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION d. STREET ADDRESS (If not in hospital, give street address) NO X in pencil in Item 18. Give Poges hours ofter death. forwarded to the Chief Medical Examiner's Office along with 3. NAME OF First Middle Last DATE Manth Year Doy **DECEASED** (Type ar print) DEATH S. SEX 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS MARRIED **NEVER MARRIED** last birthday) Months Davs Hours deoth. DIVORCED WIDOWED 10b. KIND OF BUSINESS OR 10a, USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT during frost of working life, even if retired) INDUSTRY COUNTRY? within 72 hours after This certificate should be executed within 24 Le151 permit. File poges FATHER'S NAME 16. SOCIAL SECORITY NO. 17. INFORMANI (Yes, no, ar unknown) (If yes give wor or dotes af service 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) burial-transit event PART I. DEATH WAS CAUSED BY: Myocardial Infarction Recent & Remote IMMEDIATE CAUSE (o) writing the word 4201 DUE TO in ony Years Canditians, if any, which gave Coronary Arteriosclerosis rise ta immediate cause (a), DUE TO stating the underlying cause 0 puo be used 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) removol, CERTIFICATION please execute the certificate, YES X NO should be 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 3 shauld 10 PRIMARY ar CONTRIBUTING CAUSE OF DEATH cremotion, 20c. TIME OF INJURY Manth. Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City ar tawn) (County) (State) Nat While Hour o.m. Your factory, street, affice blda., etc.) moy be retained for your FUNERAL DIRECTOR: Page at work 21. I certify that I took charge of the remains described above, held on Autopsy Inspection X, Inquiry X ond in my opinion be retained for death resulted fram: Notural couses [X] Accident | Undetermined monner Suicide Homicide CHIEF MEDICAL EXAMINER **ACTUAL** 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER prior 1 SIGNATURE funeral DEPUTY MEDICAL EXAMINER **EXAMINER'S** Heolth NAME (Type) Address (Street, city, tawn, ar county) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) 0 REMOVAL (Specify) 12/1/67 HOLY CROSS CEMETERY BROOKLYN, NEW YORK 24. FUNERAL DIRECTOROBERT E. WILHELM FUNERAL HOME 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE

4308 SUITLAND ROAD, SUITLAND, MARYLAND

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15672 15667 CERTIFICATE OF DEATH ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) a. COUNTY MARYLAND b. CITY OR TOWN (If Sutside corporate line write RURAL and give nearest tawn) c. LENGTH OF STAY IN 16 c. CLLY OR TOWN (It/putside corporate limits, write RURAL and give newrest tawn) filled in E OF HOSPITAL OR INSTITUTION (If not in baspital, give street oddress) IS RESIDENC d. STREET ADDRESS ON A FARM? and NO X Mome. NAME OF DATE Dov Year completely DECEASED Rebecca November 0011 196 and in any event, DEATH 6. COLOR OR RACE 7. MARRIED AGE (In years UNDER 24 HRS NEVER MARRIED Kite lost birthday) Manths Hours WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT INDUSTRY Hand None 13. FATHER'S NAME MOTHER'S MAINEN NAME or remayal, attending phys rarlha 3826 SVanderfrift Ave. 16. SOUAL SECURITY NO. 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no or unknown) (If yes give war ar dotes of service) 26-5526# Mrs. Donald L. Loy Rockville, Maryland burial, crematian, CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (o) be retained by the hospital ar attending physician. DUE TO Canditians, if any, which gove rise to immediate couse (a), DUE TO stating the underlying cause the Dept. of Health prior to 19. WAS AUTOPS!
PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) NO T certificate 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) TO FUNERAL DIRECTOR: After this Hour o.m. Not While foctory, street, affice bldg., etc.) at work 21. I certify that (1) (this haspital) attended the deceased fram director, page 3 shauld should be filed with the and that death accurred at 1255 M, from causes and an the date stated above saw the deceased alive on. 22a. SIGNATURE 22b. DATE SIGNED ATTENDING

22c. PHYSICIAN'S NAME (Type)

23o. BURIAL, CREMATION,

BIREMOVAL (Specify)

23b. DATE THEREOF 11-25-1967

23c. NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery 23d. LOCATION (City or Town) Frederick, Maryland

PHYS.

DIRECTOR

(County) (State)

24. FUNERAL DIRECTOR Dai Lev

ADDRESS Frederick, Maryland DATE

M.D.

PHYS

22d.

ADDRESS

REGISTRAR'S SIGNATURE

VR A15 (4)

TO HOSPITAL Page 4 may t

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15673 CERTIFICATE OF DEATH 15668 requires that the death certificate be executed within 24 bours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY a. STATE b. COUNTY Montgomery Maryland Montgomery MARYLAND b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 16 and in any event, within 72 hours 7 Months Bethesda Kensington d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Carroll Hall Nursing Home 7518 Old Chester Rd. NO St YES 3. NAME OF Middle First DATE remove corbon Lost Doy Year completely DECEASED CGOWAN 19 6 DEATH IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 6. COLOR OR RACE NEVER MARRIED DATE OF BIRTH 9. AGE (In years 7. MARRIED last birthdoy) Months White Female June 13,1876 WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 10a. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT physician a during most of working life, even if retired) SCHOOL TEACHER INDUSJRY COUNTRY? U. S. Washington, D. C.
14. MOTHER'S MAIDEN NAME Retired 13. FATHER'S NAME cremotian, or removol, Unknown Unknown 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, na, ar unknown) (If yes give war or dates af service Washington, D. Edward Mitchell No 578-62-3277J 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN signed by the buriol-tronsit p PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) by the hospital or ottending physicion. 4500 DUE TO Conditions, if ony, which gove rise to immediate cause (a). DUE TO stoting the underlying couse ed tor use os the of Health prior to last. 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) PERFORMED? NO 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (County) (Stote) O FUNERAL DIRECTOR: After this Not While factory, street, affice bldg., etc.) 21. I certify that (I) (this hospital) attended the deceased from. e deceased from July 2, 1950, to New 10, 1967, that (1) (we) last 1967, and that death accurred at 10 24 M, fram causes and an the date stated above. Poge 4 moy be retained sow the deceased alive an Now 22a. SIGNATURE 22b. DATE SIGNED. ATTENDING director, page 3 should be filed v M.D. PHYS. DIRECTOR 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Thomas S. Sappington, M. D. 2233 Wisconsin ave., N.W. D. C. 20007 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY Cremation Cedar Hill Crematory Suitland, Maryland 10-11-67

ADDRESS

ROBERT A. PUMPHREY, Bethesda, Maryland

2So. REC'D BY REGISTRAR

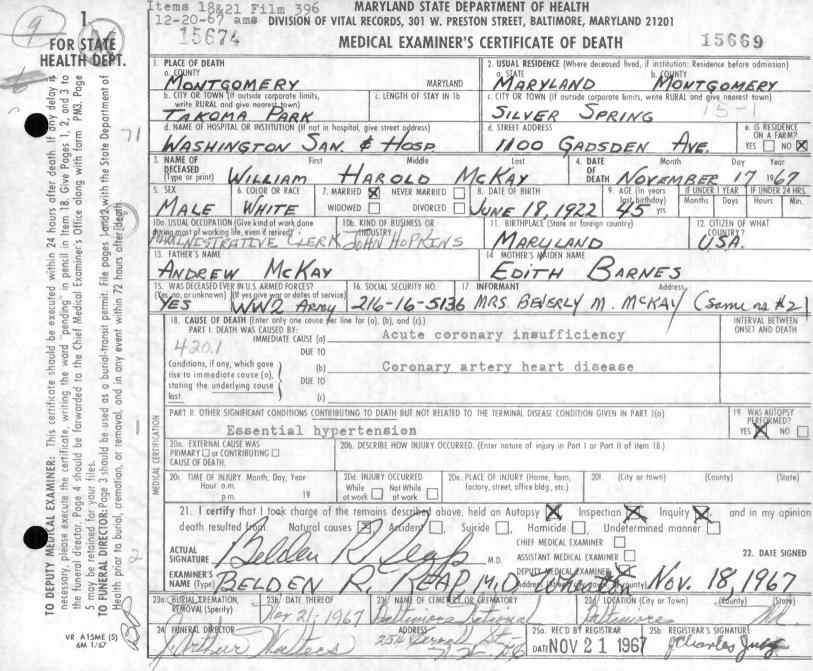
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2Sb. REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

VR A15 (4) 25M 1/67

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15670

CERT	TIFI	CATI	0	F DE	ATH

	CERTIFICATE		
1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived, if institut	
Montgomery	MARYLAND	Washington, D. C.	AIA
b. CITY OR TOWN (If autside carparate limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If autside carparate limits, write RUI	RAL and give nearest tawn)
write RURAL and give nearest tawn) Kensington			47-3
H. NAME OF HOSPITAL OR INSTITUTION (If not in haspit	al, give street address)	d. STREET ADDRESS	e. IS RESIDENCE
ensington Gardens Sanit	arium	4899 Potomac Ave. N.	W ON A FARM? YES NO S
NAME OF / First	Middle	Lost 4. DATE A Mont	
(Type or print) ARCHIBALD		MCKEE OF DEATH VO	V. 20 1967
SEX 6. COLOR OR RACE 7. MARRI	ED NEVER MARRIED	8. DATE OF 81RTH 9. AGE (In years last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS. Manths Days Hours Min.
Male White WIDOW	ED DIVORCED	Aug. 6, 1897 70 yrs.	Manths Days Hours Min.
a. USUAL OCCUPATION (Give kind af work dane 1Db	. KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or fareign country)	12. CITIZEN OF WHAT
uring mast of working life, even if retired) Retired U	S. Govt.	Maryland	USA
. FATHER'S NAME	00101	14. MOTHER'S MAIDEN NAME	
rchibald V. McKee		Anna Marie Hale	
S. WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	INFORMANT Addre	955
Yes, na, ar unknawn) (If yes give war ar dates af service) Yes WW I	579-16-5256 M	Irs. Helen Y. McKee (wi	fe) Same
18. CAUSE OF DEATH (Enter only one cause per ling		Ch A	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED 89: IMMEDIATE CAUSE (g)	leute (1	ronam (Celus	ONSET AND DEATH
4201 DUE TO	7	14.	1
Canditians, if any, which gave) (b)	ownans	antarrascleron	in seven
rise to immediate cause (a), Stating the underlying cause	1		
last. (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	NG TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
20b. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	do home	hlesia	YES NO
2Da. ACCIDENT WAS UNDERLYING ☐ 20b	. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Part I or Part II of item 18.)	
	7	1	
2Dc. TIME OF INJURY Manth, Day, Year 2D		ACE OF INJURY (Hame, farm, 2Df. (City ar tawn)	(Caunty) (State)
Hour a.m. N	/hile Not While fac	tory, street, office bldg., etc.)	
21. I certify that (I) (this haspital) at		Jan 1, 1967, 10 hov.	2/719 6 /that (1) (we) las
saw/the decedsed alive an	1967 and the	death accurred at 220PM, from causes	
22a. S/GNATURE	1 1 7 1		DATE SIGNED
Is reserved / No	call hix	MED. STAFF DIRECTOR PHYS.	1 hov. 20, 1967
22c. PHYSICAN'S	HEICZS, M.D., FA.	C. A. 22d. ADDRESS	
NAME (Type)	They Droneh Dood All	41	
Ba. BURIAL REMATION, 23b. DATE THEREOF	hing 23 name of cemetery or	CREMATORY . 23d. LOCATION (City or To	wn) (Caunty) (State)
Burial II-24-1967	Riverside Ce	emetery Oneonta	New York
24. FUNERAL DIRECTOR	ADDRESS Arl.	Va 250. REC'D 8Y REGISTRAR 25b. RI	EGISTRAR'S SIGNATURE
T T	2045 1111 121	1 007 - 1 1007 01	Vinela Judge.

TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physicion ond completely filled in by the funeral director, page 3 should be detoched for use as the burial-transit permit. Then please remove carbon papers. Pages I and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours ofter death TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours after Page 4 may be retained by the hospital or ottending physicion. VR A15 (4) 25M 1/67

and ienc ousing some fractions and the second the state of the s lo lite , 5, Cort. 1111 si sisa a can 10 1 11 / 4 0 00 es commente entre Tyes Bender 1 ware, Ico. A St. Milaga 1 d.

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15675 15671 CERTIFICATE OF DEATH death. within 24 haurs after death and 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) funeral 1. PLACE OF DEATH o. STATE b. COUNTY o. COUNTY Montgomery MARYLAND b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Washington 10 years ensington e. IS RESIDENCE ON A FARM? d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) paper cremation, ar remaval, and in any event, within 72 filled Carroll Manor Nursing Home NO X 3. NAME OF Middle DATE Month Year carban campletely DECEASED 196 DEATH (Type or print) certificate be executed AGE (In years last birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE NEVER MARRIED DATE OF BIRTH 7. MARRIED Months Doys WIDOWED DIVORCED Temale June 9 and 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 10o. USUAL OCCUPATION (Give kind of work done physician a during most of working life, even if retired) INDUSTRY Windsor, Ohio Home Housewite 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME William Slantey Nancy 2 Berous 16. SOCIAL SECURITY NO 17. INFORMANT requires that the death permit. (Yes, np, or unknown) (If yes give wor or dotes of service 577-07-2877 Vivian Mac Murray INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (g). (b), ond (c).) ONSET AND DEATH burial-transit PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) by 4 may be retained by the haspital or attending physician. DUE TO signed l burial Conditions, if ony, which gove rise to immediate couse (o) DUE TO stoting the underlying couse priar ta b as the WAS AUTOPSY PERFORMED? has THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING directar, page 3 shauld be detached far use should be filed with the State Dept. af Health NO ENILI this certificate 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year Hour o.m foctory, street, office bldg., etc.) Not While at work FUNERAL DIRECTOR: After 21. I certify that (1) (this hospital) attended the deceased fram Dec. , 19 57, ta Nov. 25, 1967, that (1) (we) last saw the deceased alive an Nov. 25, 1967, and that death accurred at 11:30 AM, fram causes and an the date stated above. 22b. DATE SIGNED 22o. SIGNATURE **ATTENDING** M.D. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Louden BURIAL, CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) REMOVAL (Specify) Cedar 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 8434 ADBESSAGIA Avenue len (arter Silver Spring

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	GL-THEYORE ROC. (A TANK	

DIV

FOR STATE HEALTH DEPT

PM3. Page

State-Department

This certificate shauld be executed within 24 haurs after death. If any delay is

the funeral director. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with form

pending"

necessary, please execute the certificate, writing the ward

TO DEPUTY MEDICAL EXAMINER:

5 may be retained far yaur files. Health priar ta burial, cremation, ar remaval, and in any event within 72 haurs after death.

in pencil in Item 18. Give Pages 1, 2, and 3 to

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

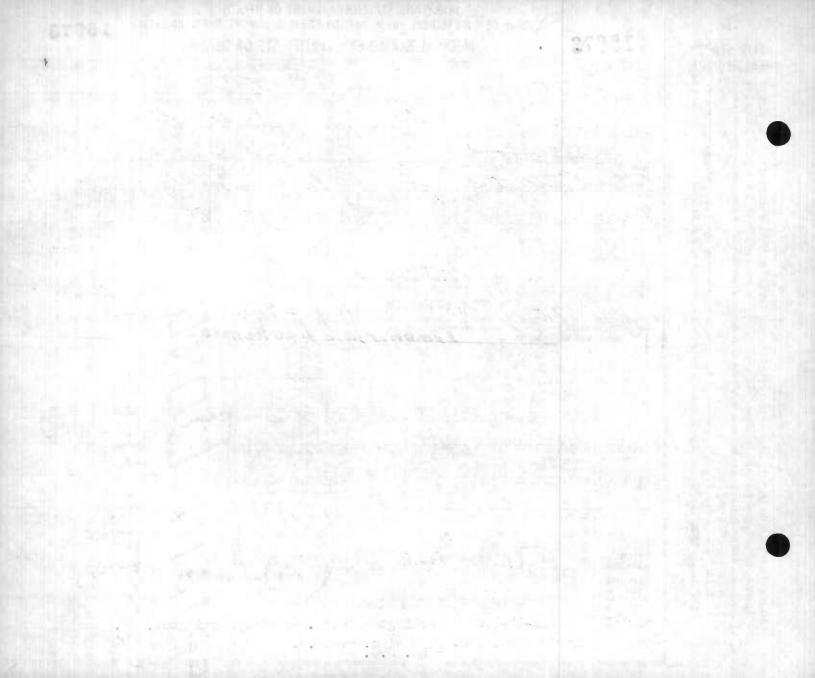
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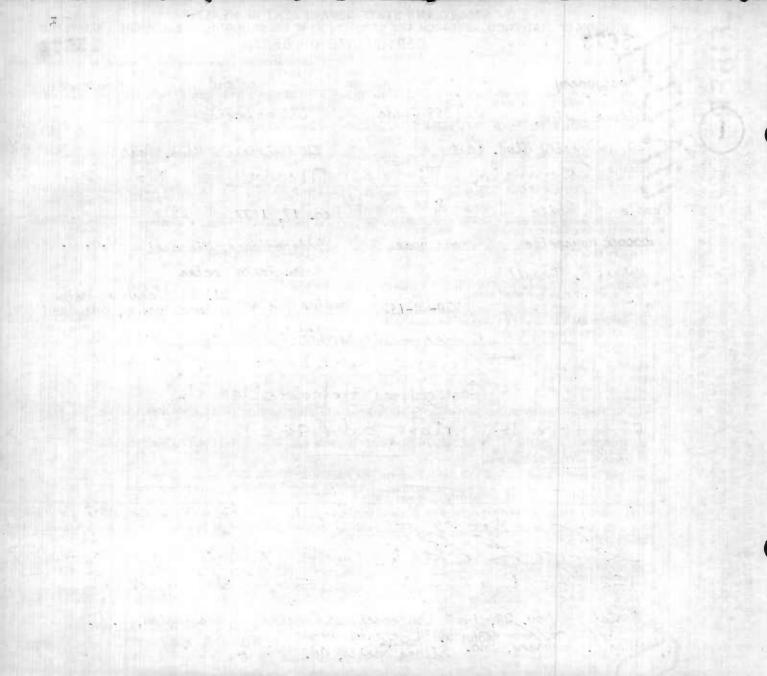
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	PLACE OF DEATH				n: Residence before odmission)
	o. COUNTY Montamen	4 MARYLAND	o. STATE	b. COUNT	
_	b. CITY OR TOWN (If outside response limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside	corporate limits, write RURA	L ond give negrest town)
	write RURAL and give neasest tawn),	2/	1111	ali-stan)	14.7 = 5
_	A NAME OF HOSPITAL OR INSTITUTION (IS - 4 :- 1	Saaye	d. STREET ADDRESS	gungan	A/AV e. IS RESIDENCE
	d. NAME OF HOSPITAL OR INSTITUTION (If not in h	lospital, give street address		11.	ON A FARM?
	Subucht		36016	Usernser	Selve YES NO NO
	NAME OF First	Middle		DATE Month	Doy Year
	(Type or print) of liquidities	2 . + . 11/0		DEATH /OUT	14 1967
S.	SEX 6. COLOR OR RACE 7. A	MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years last birthdoy)	Months Doys Hours Min.
1	nalo White W	IDOWED DIVORCED	11-18.1886	80 yrs.	Months Doys Hours Min.
	. USUAL OCCUPATION (Give kind of work done	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (Stote or fo	preign country)	12. CITIZEN OF WHAT
dur	ing most of working life, even if retired)	INDUSTRY	Vimenous -	Day Chil	COUNTRY? /1.5A
13	FATHER'S NAME		I 14. MOTHER'S MAIDEN NAME	11ew 7045	901
	Eben O. MENAIR	mcnain	1		
10		THE TOWN	Laura Ini		
	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Jame as about es, no, or unknown) (If yes give war or dotes of service)				
ì	He Davy 578-52-6401A Wife - maurine mc Main				
	(B) CAUSE OF DEATH (Enter only ope couse pe	r line for (o), (b), ond (c).)	1 1 1		INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Lymphocytic	c'h zu Kem	12-	ONSET AND DEATH
	2040 DUE TO				
	Conditions, if ony, which gove) (b)				
	rise to immediate couse (a), (DUE TO				
	stoting the underlying couse (c)				
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY				
NO	TAKT II. OTHER SIGNIFICANT CONDITIONS CONTRI	BOTHO TO DEATH BOTHOT KEEKIED TO	THE TERMINAL DISEASE CONDITIO	THE OTHER THE TAKE TO	PERFORMED?
CAT					YES NO
CERTIFICATION	20o. EXTERNAL CAUSE WAS PRIMARY □ or CONTRIBUTING □	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in Port 1	or Port II of item IB.)	
	CAUSE OF DEATH.				
MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor		CE OF INJURY (Home, form,	20f. (City or town)	(County) (Stote)
ME	Hour o.m.	While Not While tact	tory, street, office bldg., etc.)		
	21. I certify that I took charge of the remains described abave, held an Autapsy A, Inspection A, Inquiry A, ond in my opinion				
	death resulted fram: Natural causes X, Accident L, Suicide L, Hamicide L, Undetermined manner L				
	ACTUAL () A 22. DATE SIGNED				
	SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 11/14/67				
	EXAMINER'S DEPUTY MEDICAL EXAMINER				
-	NAME (Type) Address (Street, city, town, or county)				
230	D. BURIAL, CREMATION, 23b. DATE THEREOF			23d. LOCATION (City or Town	n) (County) (State)
	Burial 11-17-196	1 1 1 1 1 1 1		Arlington, V	2
24	FUNERAL DIRECTOR Sons, I	ma 5130 ADDRESS ATTE	2So. REC'D BY	REGISTRAR 255 REG	ISTRAP'S SIGNATURE
~ (Total adultor a some	Wah DSC	DATE NO	1 2 U 1001	1

VR A15ME (5) 6M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH



rer death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and cambierery filled in by a director, page 3 should be detached far use as the burial-transit permit. Then please remave cachon papers. Poss should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in ony event, within 72 hours.

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

Poge 4 moy be retained by the hospital or attending physician.

VR A15 (4) 25M 1/67

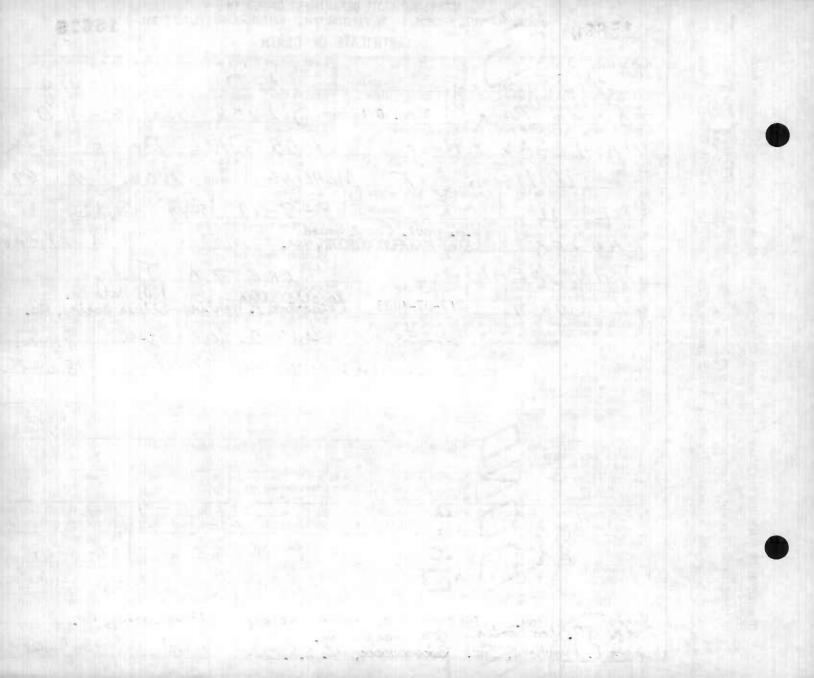
24 hours ofter death.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15675

CERTIFICATE OF DEATH

			AL RESIDENCE (Where deceosed lived, if institution: Residence before odmission)					
	-	o. COUNTY MARYLAND O. STA	ATE AA D b. COUNTY AA					
			OR TOWN (If outside corporate limits, write RURAL and give nearest town)					
		write RIPAL and give negrest thank	5111-2 502112 110					
	-	TAKOMA PARK 3 mo. & I day	DILVER OFRING - M DIST					
71	(d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET	ET ADDRESS e IS RESIDENCE ON A FARM?					
11		WASH. DAN. 8 HOSP. 16	103 DALE DrIVE YES NO					
		3. NAME OF First / Middle Lo	Lost 4. DATE Month Doy Year					
		(Type or print) Withiam F NEHLI	ING DEATH /VOV, 4 1967					
	S. S	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF						
	1	MALE III WIDOWED DIVORCED 8-	9-17 (st. birthdoy) Menths Doys Hours Min.					
		100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	THPLACE (County & Stote, or foreign country) 12. CTIZEN OF WHAT					
	duri	during most of working life, even if retired)	gr. MD. COUNTRY? AMERICAN					
	13.		THER'S MAIDEN NAME					
		TOHN MEHI inc	DOFTTA Tudos					
	15.	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMAN	Address 0					
		(Yes, no, or unknown) (If yes give wor or dotes of service)	MANAGE Dr. 1605 Dale Dr.					
	-		the of Herling Silver Spring, I'd.					
		AB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), one (c).) PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH					
		IMMEDIATE CAUSE (o)	noun, generalized Tyear					
		DUE TO DUE TO	sing of with the light					
		Conditions, if ony, which gave rise to immediate cause (o),	uponer, you may 18 month					
		stoting the underlying couse DUE 10						
		lost. (c)						
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- 1	B	CATIC	YES MO					
	CERTIFICATION	20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)						
	MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY						
	ME	Hour o.m. 19 While Not While of work of work	office bldg., etc.)					
		21. I certify that (1) (this hospital) attended the deceased from 8 -	3 , 1967, to 11 - 4 , 1967, that (1) (we) las					
			accurred at 450 PM, fram causes and an the date stated above					
		220. SIGNATURE	22b. DATE SIGNED					
		bus was M.D. ATTEN						
1			ADDRESS DIE COLLEGE					
		NAME (Type) EINO MAGI 83	3) Univ. 15 vd. E. Silver pring, hed.					
	230	230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY	RY 23d. LOCATION (City or Town) (County) (Stote)					
		Burgal (Specify) Nov. 8, 1967 Gate of Heaven Ce	emetery Silver Spring Md.					
9	NU	Member apper Glen Carter 8434 ADORESS raia Ave.	2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE					
J	111	Warner E. Pumphrey Inc. Sakonock mok 17d. 5	S DATE NOV 10 1987 gcharles Judge					
		The state of the s						



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15676 15681 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE Mont Gomery MONTCOMEY MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) event, within 72 hours Rockville Silver d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) IS RESIDENCE d. STREET ADDRESS ON A FARM? LOREK 13803 ROSS NO 3. NAME OF Middle DATE First Lost Month Doy Year DECEASED OF DEATH Merrick ERIN L- LisabeTh November 196 (Type ar print) 1-1 IF UNDER 24 HRS S. SEX 6. COLOR OR RACE DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR 7. MARRIED **NEVER MARRIED** last birthdoy) Days Haurs Wovember 14,1967 burial, crematian, or remaval, and in any WIDOWED DIVORCED White 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Caunty & State, or fareign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) INDUSTRY Maryland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Jean Merrice IS. WAS DECEASED EVER IN U.S. ARMED FÖRCES? 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes af service Father as above 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise ta immediate cause (a), DUE TO stoting the underlying couse directar, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health priar to 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) NO 20a. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II af item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year Haur 'a.m. factory, street, allice bldg., etc.) Nat While at work at wark 19 67, to NOV. 19 . 196), that (I) (we) last 21. I certify that (I) (this haspital) attended the deceased fram NOV. 14 saw the deceased alive an 18 1967, and that death accurred at 6:10 14 M, fram causes and an the date stated above. 22a. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. DIRECTOR 22c. PHYSICIAN'S Rockville, Md. Rockville Pike, EDVA D J. NAME (Type)

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physicion. FUNERAL DIRECTOR: After 2 VR A15 (4) 25M 1/67

remave carban

permit.

burial-transit

signed by

has been

this certificate

son Wheeler

23g. BURIAL CREMATION.

24. FUNERAL DIRECTOR

REMOVAL (Specify)

7-11-7-5

23b. DATE THEREOF

1331 Rockville Rockville Mary

23c. NAME OF CEMETERY OR CREMATORY

Gate of Heave

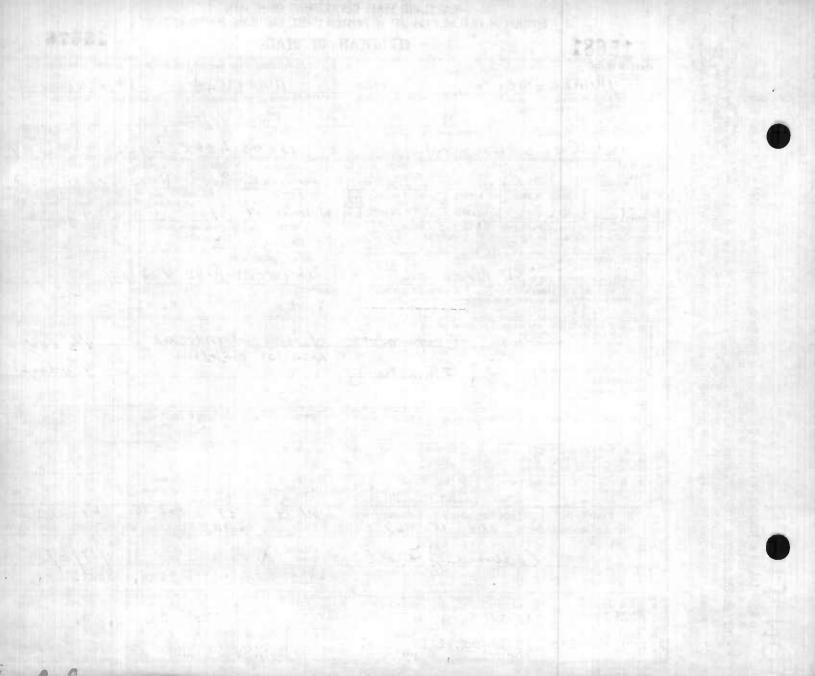
2So. REC'D BY REGISTRAR

23d. LOCATION (City or Town)

Silver Spring, 2Sb. REGISTRAR'S SIGNATURE

(County)

(Stote)



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EYAMINED'S CEPTIFICATE OF DEATH

	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	15677
. 1	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Re	sidence before admission)
	a COUNTY	
1	Monlyomery MARYLAND Maryland Monl	yomen
100	b. CITY OR JOYN (If autside carparate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL are RURAL and rive negrest lown)	give nearest fawn)
	Betherda DOA Saithershus	15-1
	d. NAME OS HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS	e. IS RESIDENCE
99	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ON A FARM? YES NO P
	Suluvan Tray I, Kleamann C	^
3.	3. NAME OF First Middle Last 4. DATE Manth OF OF	Doy Year
	(Type or print) Harry Carter Merry DEATH NOV.	12 1967
S.		NDER I YEAR IF UNDER 24 HRS
7	male TILE TO WIDOWED DIVORCED DEPO 20-1884 Set yrs. Mon	ths Days Haurs Min.
		12. CITIZEN OF WHAT
	IDo. USUAL OCCUPATION (Give kind of work done of the following most of working life, even if retired) 10b. KIND OF BUSINESS OR of Business OR of Business OR or Fareign cauntry) 11 BIRTHPLACE (State ar fareign cauntry)	COUNTRY 2
	Therania	USA
1	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
	Elipholit R Marin Starin Proting	4
10 dt	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	
((If yes, no, ar unknown) (Iff yes give war or dates af service)	7/ 7
	Mrs farl Grow- Nelse +	Logierelows
	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary thrombosis old and recent	ONSET AND DEATH
	4201 DUE TO	W.L.MU.TO
	Commence to the second	200.000
	rise to immediate cause (a)	years.
	stating the underlying cause DUE TO	4
	lost. (c)	
-	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)	19. WAS AUTOPSY
1 5		PERFORMED? YES NO
12	20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II of item 1B.)	1.02
CERTIFICATION	PRIMARY ar CONTRIBUTING	
=	CAUSE OF DEATH.	
MEDICAL	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, Hour a.m., While Not While factory street affice bldg. etc.)	(County) (State)
MF	Hour a.m. While Not While at work at work at work	
	21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry)	ond in my opinio
	deoth resulted from: Noturol causes 💂 , Accident 🔲 , Suicide 🔲 , Homicide 🔲 , Undetermined monne	
	ACTUAL O. & B. CO CHIEF MEDICAL EXAMINER	22. DATE SIGNE
	SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER	22. DATE SIGNE
2	EXAMINER'S DEPUTY MEDICAL EXAMINER 🔀 1/1/1/3/	67
	NAME (Type) Address (Street, city, tawn, ar caunty)	
2	230. BURIAL, CREMATION, / 23b. DATE THEREOF 23c. NAME OF GEMETERY OR CREMATORY 23d 10CATION (City or Town)	(State)
	REMOVAL (Specify) 11-16, 69. Tresfyliness , Lewinson	the va
-		AR'S SIGNATURE
		incles Judge
	Corner & Karban, DATE NOV 1 6 1981	0

881 = + * TERE Mark may may a may and markey marky some The day Och Succeeded they -Let Leve sience +39 5. Electory for Com - Throng Carter mary - Three made Totale - A dept 20-128+ 27 THERETOR A 413 Eleptate & Merry Jugas Center Mrs. Place German Michigan Marie and the section of me also seek versey. are the second of the second of .

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESION STREET, BALTIMORE, MARYLAND 21201 Item #2a, b, c of infor taken from birth cert. 15683 CERTIFICATE OF DEATH 15678 OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death the funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY rely filled in by the fun-thon papers. Pages 1 (within 72 haurs after d MARYLAND Illinois c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) b. CITY OR TOWN (If autside corporate limits, c. LENGTH OF STAY IN 1b Q write RURAL and give nearest tawn Hinsdale UER e. IS RESIDENCE ON A FARM? d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION ((f nat in haspital, give street address) NO V Phillippa St NAME OF Middle 4. DATE attending physician and campletely formit. Then please remays—carbon Manth Year DECEASED OF DEATH NOU event, Midd Augh IF UNDER 1 YEAR IF UNDER 24 HRS 9. AGE (In years 7. MARRIED NEVER MARRIED last birthday) Haurs 20 WIDOWED DIVORCED 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) COUNTRY? **INDUSTRY** 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME burial, crematian, ar removal, +RICIA 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES Address (Yes, no, or unknown) (If yes give war or dotes of service Hospital Records INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: burial-transit Respirator emalum lu IMMEDIATE CAUSE (a signed by **O HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the haspital ar attending physician. Conditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause certificate has been d far use as the of Health priar ta PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED WAS AUTOPSY PERFORMED? NO 20a. ACCIDENT WAS UNDERLYING □ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER directar, page 3 shauld be detache shauld be filed with the State Dept. 20e. PLACE OF INJURY (Home, form, (County) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED (City or town) (Stote) Hour o.m. factory, street, affice bldg., etc.) Nat While O FUNERAL DIRECTOR: After used fram 11-20, 1967, ta 1/-22, 1967, that (1) (we) last 2, and that death accurred of 47 M, from causes and on the date stated above. 21. I certify that (1) (this hospital) attended the deceased fram. sow the deceased alive on 196 22g. SIGNATUR 22b. DATE SIGNED M.D. DIRECTOR PHYS 22c. PHYSICIAN'S Gorman Ave., Laurel, Md. J. Modlin. M.D. Albert 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) REMOVAL (Specify)
Burial Gate of Heaven Silver Spring, 12/4/67 24. FUNERAL DIRECTOR
Tyson Wheeler Funeral Home-1331 Rockville Pike 25b. REGISTRAR'S SIGNATURE VR A15 (4) 1967 Rockville, 24250

DENES WHITEN R. SSEAL Eurnan v., Leur 1, d. and the color, i.e. .Dr. . and top per line. olliwioth Coli-small Luse, now gales in the fitting of the spine of the lates

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death

Page 4 may be retained by the hospital ar attending physician.

and 2 death.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	15684	CERTIFIC	ATE OF	DEATH		156	79	
	CE OF DEATH	AAA BAADAA	o. ST.	ATE	Where deceased lived, if institu			
h.C	Montgomery ITY OR TOWN (If autside corporate limits,	MARYLAN		c. CITY OR TOWN (If autside corparate limits, write RURAL			V	
1	write RURAL and give nearest tawn) Bethesda	10 days		nandale		Marie and give near	22.2	
	IAME OF HOSPITAL OR INSTITUTION (If not in hospital,			ET ADDRESS			e. IS RESIDENCE	
	Clinical Center, Bethe	•	nd 81	42 Bria	ar Creek Drive)	ON A FARM?	
3. NAI		Middle Lewis		last Lson	4. DATE Man OF NOV	rember 9	Year 19 67	
s. sex Ma	6. COLOR OR RACE 7. MARRIED White WIDOWED		8. DATE 0	F BIRTH vember	9. AGE (In years last birthday) 37 yrs.	Months Days		
10a. US during I		CIND OF BUSINESS OR NDUSTRY Mercial Air	lines	Nebrasl		12. CITIZEN COUNTRY	OF WHAT Y? USA	
	THER'S NAME		14. MO	THER'S MAIDEN				
	Gunder Mikelson				Opel Austin		L. Carlot	
1S. W (Yes, n	a an indication \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	SOCIAL SECURITY NO. 21-30-3541			edical Recordance Center, Bethes		yland	
18	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) E coli septicemia 1 Week							
	Canditians, if any, which gave) DUE TO (b) Acute Myelogenous Leukemia 2							
ste	rise to immediate cause (a), stating the underlying cause (c)							
- P/	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?							
ATIO	Acute renal failure							
(F) (F)	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)							
MEDICAL	20c. TIME OF INJURY Manth, Day, Year Haur o.m. p.m. 19 20d. INJURY OCCURRED While at work at work							
	21. I certify that (1) (this haspital) attended the deceased from October 30, 19 67, to November 9, 19 67, that (4) (we) to							
	saw the deceased alive an November 9 , 19.67, and that death accurred at $5:20$ M, from causes and on the date stated above							
2	22a. SIGNATURE Richard A. Culch M.D. ATTENDING MED. PM STAFF 22b. DATE SIGNED 1967 10 November							
2	22c PHYSICIAN'S NAME (Type) Richard H. Creech, MD 22d. ADDRESS The Clinical Center, National Institutes of Health, Bethesda, Md.							
R	SURIAL, CREMATION, 23b. DATE THEREOF 11/13/67	National M			23d LOCATION (City or I Falls Churc	,	.,	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers, Pages and shauld be filed with the State Dept. af Health priar to burial, crematian, or remaval, and in any event, within 2 hours after deat VR A15 (4) 25M 1/67

24. FUNERAL DIRECTOR

ADDRESS 2Sa. REC'D BY REGISTRAR Alexandria, Va.

2Sb. REGISTRAR'S SIGNATURE Miliantes

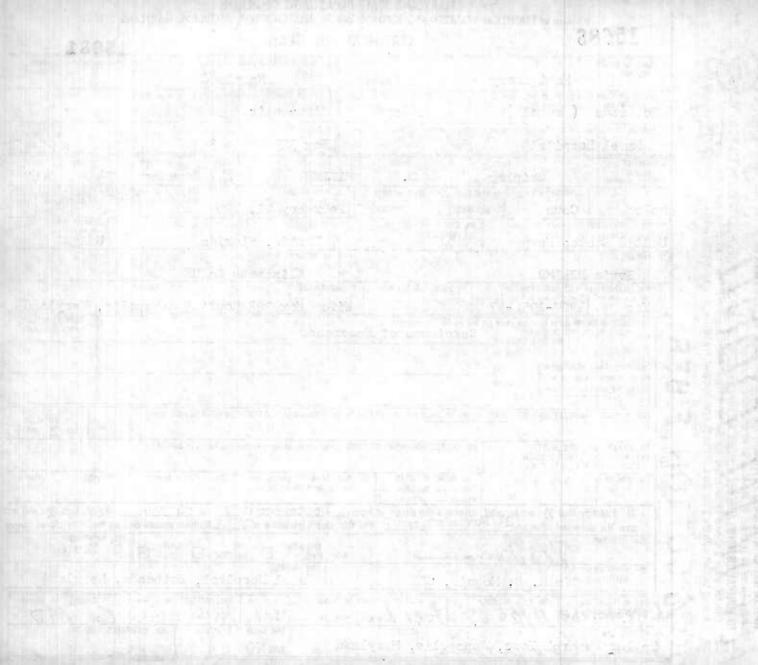
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15685 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 15680 FOR STATE HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY ~ deloy CENGTH OF STAY IN 16 b. CITY OR TOWN IT outside corporate Amits. c. CITY OR JOWN JA outside corporate thnits, write RURAL and give nearest town) give negrest to PM3. State Departm d. NAME OF HOSPITAL OR INSTITUTION (If not ip haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 4 shauld be farwarded to the Chief Medical Examiner's Office along with farm in Item 18. Give Pages NO 3 This certificate shauld be executed within 24 haurs after death. NAME OF Middle Day Year DECEASED OF DEATH burial-transit permit. File pages 1 and 2 with the 1961 (Type or print) AGE (In years last pirthday) S. SEX 6. COLOR OR RACE DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED 8. Manths Haurs 72 haurs after death WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind at wark done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during mast at working life even if retired) INDUSTRY COUNTRY? 0120 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Lyon 17. INFORMANT fs. WAS DECEASED EVER IN U.S. ARMED FORCES? f6. SOCIAL SECURITY NO. father Address (Yes, no, ar unknown) (If yes give war or dates at service) Same as Item 2. in any event within None James E. Miller 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY Asphyxia IMMEDIATE CAUSE (a) writing the ward DUE TO Conditions, if any, which gave due to hanging rise ta immediate cause (a), DUE TO stating the underlying cause and be used PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS AUTOPS remaval PERFORMED? YES DE NO 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter, nature of injury in Part L ar Part II of item 18.) _ 3 shauld 0 PRIMARY ar CONTRIBUTING CAUSE OF DEATH. crematian, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (State) 20c. TIME OF INJURY Manth, Day, Year (City or tawn) (County) Nat While foctory, street, affice bldg., etc.) FUNERAL DIRECTOR: Page at wark MASTARMEN MA 1967 at wark 21. I certify that I took charge of the remains described above, held on Autopsy (X), Inspection (X), Inquiry ond in my opinion be retained far deoth resulted from: Notural couses . Accident . Suicide . Undetermined monner Homicide CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED prior ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MFDICAL EXAMINER **EXAMINER'S** JOHN G. BALL Address (Street, city, town, or county) Bethesda, Md. Health NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) 0 11-13-67 Gettysburg Natl Cem. Gettysburg. Penna. Burial 2Sa. REC'D BY REGISTRAR VR A15ME (5) 6M 1/67 PUMPHREY, Bethesda, Maryland Ocharles

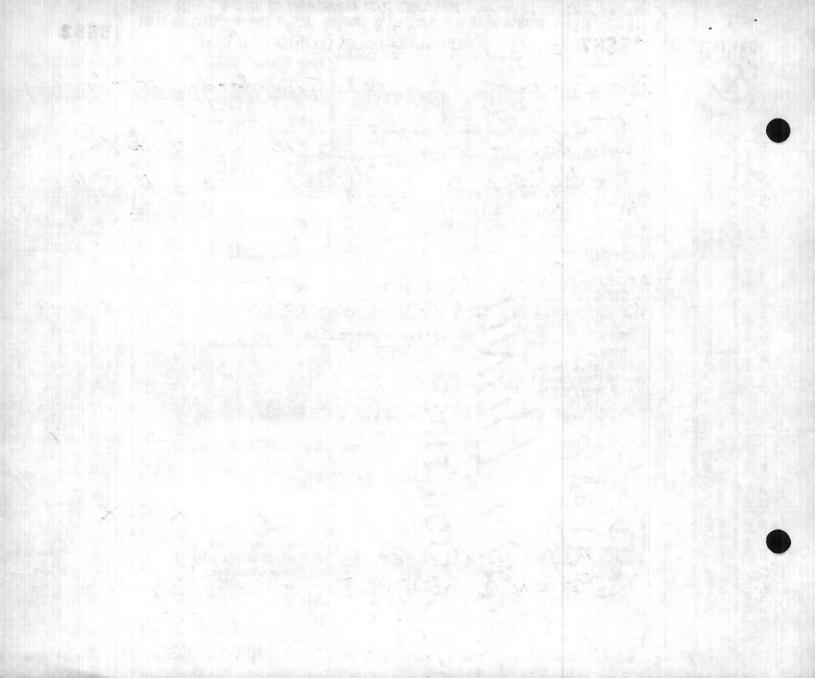
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15688 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) PLACE OF DEATH o COUNTY o. STATE b. COUNTY Montgomery Maryland MARYLAND PHYSICIAN: The law requires that the death certificate be executed within 24 hours after b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) Bethesda give negrest town) papers. 81 days Annapolis physician and completely filled in by d. STREET ADDRESS IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Box 323 Route 3 Naval Hospital YES NO with NAME OF First Middle 4 DATE Last Year please remove carbon Day DECEASED OF DEATH 24 Shirley MITTLER November 19 67 (Type or print) AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE B. DATE OF BIRTH 7. MARRIED NEVER MARRIED last birthday) Months Days Hours February 21. Male Cauc WIDOWED DIVORCED KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) United States Navy COUNTRY? **NDUSTRY** Eustis, Florida 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME removal. attending phys Levin MILLER Elizabeth LaRUE 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address 16. SOCIAL SECURITY NO. (Yes, na, ar unknawn) (If yes give war ar dates af service) Yes 1927-1956-57 Box 323 Route 3 Annapolis, Maryland Wife INTERVAL RETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) ONSET AND DEATH burial-transit PART I. DEATH WAS CAUSED BY: Carcinoma of Pancreas IMMEDIATE CAUSE (o) signed by DUE TO Canditians, if any, which gove rise to immediate cause (a), DUE TO stating the underlying couse attending TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the hospital or attending TO FUNERAL DIRECTOR: After this certificate has been as the 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) USe YES X NO for 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, Hour o.m. factory, street, office bldg., etc.) Not While 21. I certify that (1) (this hospital) attended the deceased fram 1. September 1967, to 24 Nov., 1967, that (1) (we) last should 4 November 19 67, and that death accurred at 755A M, from causes and an the date stated above. saw the deceased alive an 22b, DATE SIGNED 22a. SIGNATURE ATTENDING X 24 Nov 67 M.D. DIRECTOR 22d ADDRESS 22c. PHYSICIAN'S Naval Hospital, Bethesda, Maryland Cdr R. B. Mogain, USN NAME (Type) director, Should by 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23d_ LOCATION (City or Town) (County) (Stote) 23a-BURIAL CREMATION LINCOLN 24 FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE **ADDRESS** VR A15 (4) 20 M 1/66 Home Anhapolis, Maryland



1.1	items 18, 21 film #395 MAKYLAND STATE DEPAKTMENT OF HEALTH	
	12-6-67 mt DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	82
FOR STATE	15687 Item 15 FIMEDICAL EXAMINER'S CERTIFICATE OF DEATH	
HEALTH DEPT.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence	before odmission)
s 3 % 9	Maryland Maryland Maryland Montg	omery
delay and 3. M3. Por ment	b. CITY OR TOWN of autside carporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN of autside carporate limits, write RURAL and give nearest town)	nearest town)
	Takoma Park Silver Spring	15-1
If any Depar	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	e. IS RESIDENCE ON A FARM?
- 8 - 9 //	Wash. San. + Hosp. 14415 Barrett P.R. Rd	YES NO
haurs after death. Item 18. Give Pages Office alang with far and 2 with the State r death.	3. NAME OF DECEASED 1. + First Middle Lost 4. DATE Month OF	Doy Year
after de 8. Give F alang wi with the	(Type or print) VICLOV C. MULLEY DEATH	// 1967 YEAR IF UNDER 24 HRS.
affa affar with	Separated Separated Separated Months	YEAR IF UNDER 24 HRS. Doys Hours Min.
thaurs Item 18 Office Iand 2 v	/ / WIDOWED _ DIVORCED _ DO APP MOX-	ZEN OF WHAT
Tan Officer	during most of working life, even if retired) INDUSTRY	NTRY?
hin 24 ncil in niner's pages urs afte	13. FATHER'S NAME 14. MOTHER'S MADOEN NAME	5 /4
d within 24 in pencil in Examiner's File pages 2 haurs after	Vielen Pa Milla	
f wit Exan File	IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	
executed nding" ir Medical I permit.	(Yes, no, or unknown) (If yes give wor or dotes of service) 2.75-19-87.3 5 V	Manloud
be execute 'pending'' ief Medical msit permit.	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)	INTERVAL BETWEEN
e shauld be executed within 24 haurs on the ward "pending" in pencil in Item 18. It the Chief Medical Examiner's Office a burial-transit permit. File pages 1 and 2 within 72 haurs after death.	PART I. DEATH WAS CAUSED BY: Pulmonary Tuberculosis	ONSET AND DEATH
ord	DUE TO	
shat the uria	Conditions, if ony, which gove) (b)	St 1
the the day	rise to immediate couse (a), DUE TO	
ertificate shauld writing the ward warded ta the Cl sed as a burial-tr ral, and in any ev	lost. (c)	
This certificate shauld be executed within 24 haurs after death cate, writing the ward "pending" in pencil in Item 18. Give Pagbe farwarded to the Chief Medical Examiner's Office along with be used as a burial-transit permit. File pages land 2 with the Staremaval, and in any event within 72 haurs after death.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0)	19. WAS AUTOPSY PERFORMED?
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INER: This to certificate, should be falles. 3 should be to should be to thin at remaining the should be to this of the should be to the shoul	200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)	
INER: te certifi shauld l files. 3 shauld tian, ar		ity) (State)
o DEPUTY MEDICAL EXAMINER: necessary, please execute the certifithe funeral director. Page 4 shauld 5 may be retained far your files. Thureral Director: Page 3 shauld Health priar to burial, crematian, ar	Hour o.m. While Not While foctory, street, office bldg., etc.)	(2)(16)
MEDICAL EXAL please execute director. Page - retained for your DIRECTOR: Page	21. I certify that I toak charge of the remains described above, held an Autapsy , Inspection , Inquiry	and in my apinior
exe exe In	death resulted from: Natural causes , Accident , Suicide , Hamicide . Undetermined manner	and in my apinion
ase ase rectoring REC	CHIEF MEDICAL EXAMINER	
ple ple reto	SIGNATURE / CELSEL / CLAF M.D. ASSISTANT MEDICAL EXAMINER []	22. DATE SIGNED
ary, neral be price	EXAMINER'S D DEPUTY MEDICAL EXAMINER A COLO	7 1917
O DEPUTY MEDICAL EXAM necessary, please execute the funeral directar. Page 4 5 may be retained far your O FUNERAL DIRECTOR: Page Health priar to burial, crema	NAME (Type) DELDEN / CAMPANY OF COUNTY) / VV , Address & Syceletic County) / VV , I	a 1161
the the He	REMOVAL (Specify) A/ 12 1017 M+18 and Comptent	County) (Stofe)
	24 FEMBERAL DIRECTOR 250 REGISTRAR 250 REGISTRAR 250 REGISTRAR 250 REGISTRAR 5 SIG	NATURE C
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15683 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FORSTATE 15683 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY a. STATE Page b. COUNTY 0 2 Maryland Montg. Montgomery MARYLAND delay and 3 t with the Stote Department b. CITY OR TOWN (If autside comprate limits c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest town) CLENGTH OF STAY IN 16 Chevy Chase M3. Chevy Chase d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) along with form d. STREET ADDRESS e. IS RESIDENCE ON A FARM? d "pending" in pencil in Item 18. Give Poges 1, Chief Medical Exominer's Office along with form 4701 Willard Avenue 4701 Willard Avenue be executed within 24 haurs ofter death. 3. NAME OF Middle Last 4. DATE Month Doy Year DECEASED LILLIE MOLLER (Type or print) 19 6 DEATH 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH AGE (In veors IF UNDER 1 YEAR IF UNDER 24 HRS NEVER MARRIED last birthdoy) Months Hours Aug. 10, 1877 within 72 hours ofter death WIDOWED White DIVORCED Female 10o, USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (Stote or foreign country) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired)

Housewife COUNTRY? INDUSTRY Washington, D.C. At Home 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Charles E. Lusby Harriet Fister 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address (Yes, na, ar unknown) (If yes give wor or dates of service) 219-54-9300 Mrs. Mary L. Pumphrey, Dtr., Same as #2 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: any event Preumonia. Branchis/ -IMMEDIATE CAUSE (o) word This certificote should DUE TO Afterio Sclerosis - Generalizeil -Years Conditions, if any, which gove rise to immediate cause (a), = DUE TO stoting the underlying couse PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) cremotion, or removol, 19. WAS AUTOPSY PERFORMED? certificote, NO TY 4 should be 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 3 should PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH. Sat chem. hard Causal fraction 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, (City or town) (County) (Stote) Not While foctory, street, office bldg., etc.) at wark oct 2 at work Vientermen Ive 21. I certify that I taok charge af the remains described above, held on Autapsy Inspection 🖂 and in my opiniar Inquiry funeral director. death resulted from: Natural causes . Accident . Suicide . Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED prior ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER \ Nov 18, 19611/18/67 EXAMINER'S Heolth NAME (Type) Address (Street, city, town, or county) JOHN G. BALL 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) (County) 50 REMOVAL (Specify) Cedar Hill Cemetery Suitland, Maryland 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15ME (5) Joseph Gawler's Sons, Inc., Washington, D.C. NOV 24 DATE 1967

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15689 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 15684 after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY o. STATE b. COUNTY b. CITY OR TOWN (If outside carparate illmits, write RURAL and give nearest tawn) MARYLAND Montgomery Maryland by the f CLENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) hours hour Germantown Olney d. NAME OF HOSPITAL DR INSTITUTION (If not in haspital, give street address) _ d. STREET ADDRESS e. IS RESIDENCE ON A FARM? paper within 24 Rt. #1. Box 183 within YES NO Montgomery General 3. NAME OF pou Middle DATE Last Manth Day Year completely DECEASED event, 1967 cart (Type ar print) Baby Boy Monroe DEATH November PHYSICIAN: The law requires that the death certificate be executed 9. AGE (In years last birthday) 6. COLDR OR RACE IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED B. DATE OF BIRTH Manths Days Haurs in any WIDOWED DIVORCED White Ma le 77-77-67 and 10a. USUAL OCCUPATION (Give kind af wark dane 10b. KIND OF BUSINESS DR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) physician (len please INDUSTRY andi Olney, Md.

14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME or removal. Donald B. Monroe

IS. WAS DECEASED EVER IN U.S. ARMED FORCES? Doris Ann MC Bride 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give war or dates of service) No crematian, 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN burial-transit IMMEDIATE CAUSE (a) à DUE TO signed burial Conditions, if any, which gove rise ta immediate cause (a), DUE TO stating the underlying couse by the hospital or attending has been the 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) far use Health NO YES After this certificate 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) DR CONTRIBUTING CLAUSE OF DEATH detached (IF EITHER, NDTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, (City or town) (County) (State) MEDIC Hour o.m. factory, street, affice bldg., etc.) Not While OR ATTENDING at wark at wark 21. I certify that (1) (fine haspital) attended the deceased from // 27. to // 196), that (1) (west lost O HOSPITAL OR ATTEND Page 4 may be retained with the 1967, and that death accurred at 300 AM, from causes and on the date stated above FUNERAL DIRECTOR: sow the deceased olive on 22o. SIGNATURE 22b. DATE/SIGNED STAFF PHYS. page 3 M.D. PHYS. DIRECTOR PHYSICIAN'S NAME (Type) 22d. ADDRESS 22c. KERR Mary amascus director, should 23a. BURIAL CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATOR' 23d. LOCATION (City, or Town) (State) (County) REMOVAL (Specify) 0 24. FUNERAL DIRECTOR 2Sb. REGISTRAR'S SIGNATURE 2Sa. REC'D BY REGISTRAR VR A15 (4) 25M 1/67 DATE NOV

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

			CERTII	FICATE	OF DEATH		13003	
PLACE OF DEATH O. COUNTY	ntgomery		MAR	RYLAND	a. STATE	b. COU	tian: Residence befare admission)	
b. CITY OR TOWN write RURAL or	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda		c. LENGTH OF STAY IN 1b		c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) Washington			
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Suburban Hospital				d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 4001 Linnian Avenue, N.W. YES \(\square\) NO \(\sqrt{X} \)			
3. NAME OF	Middle							
DECEASED (Type or print)	EDGAF	rst	NMI		MORRIS	4. DATE Mon OF NOV.	26, 19 67	
s. sex Male	6. COLOR OR RACE Caucasian	7. MARRIED WIDOWED	NEVER MARRIE		b. 23, 188	9. AGE (In years last birthday) 79 yrs.	Manths Days Hours Min.	
during most of workin	ON (Give kind af wark dane g life, even if retired)	1N	ND OF BUSINESS OR DUSTRY			& State, or fareign country)	12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME	. Morris				14. MOTHER'S MAIDEN I		NEDA SOLITION	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) [(If yes give wor or dates of service)] 16. SOCIAL SECURITY NO. 17. INF					NFORMANT ry F. Morri	Addr	e as #2	
rise to immedia stating the und last.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY							
OR CONTRIBUTIN	YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II af item 1B.)							
20c. TIME OF IN	JURY Manth, Day, Year	20d. II While at war			E OF INJURY (Hame, farmary, street, affice bldg., etc.)		(County) (State)	
saw the	21. I certify that (I) (this hospital) attended the deceased from 100 (\$\square\$, 1965, to 100 25, 1966 (that (I) (we) lost saw the deceased alive on 1965, and that death occurred atM, fram couses and an the date stated above.							
22a. SIGNATURE M.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. D 11/26/67 22c. PHYSICIAN'S								
NAME (Typ	e) G. Lawn	Thom	son		4936 Rodn	an St., NW, Wa	shington, D.C.	
23a. BURIAL, CREMAT REMOVAL (Speci Burial	fy) 11/28	,			Cemetery	23d. LOCATION (City or To	m D C	
24. FUNERAL DIRECT			ADDRESS			BY REGISTRAR 25b. R	REGISTRAR'S SIGNATURE	
Jos. Gawl	er's Sons.	5130 T	Vis.Ave. Wa	ash	D.C. DATE DE	C 4 1967	Minutes Judge.	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital ar attending physician. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and completely filled in b director, page 3 should be detached far use as the burial-transit permit. Then please remave carban papers: shauld be filed with the State Dept. at Health prior to burial, crematian, ar remaval, and in any event, within 72-ha

by the funeral

VR A15 (4) 25M 1/67

AND AND RESIDENCE OF THE PARTY \$30.5 The state of the s

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15686 15691 CERTIFICATE OF DEATH death. **OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hours after death funeral and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND CLENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits. write RURAL and give marest town) 41670N IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If polin hospital, give street address) d. STREET ADDRESS event, within 72 Fled NO To YES 3. NAME OF DATE campletely f Middle Lost Doy Year DECEASED OF DEATH (Type or print) 00. IF UNDER 24 HRS S SEX AGE (In years IF UNDER 1 6. COLOR OR RACE 7. MARRIED NEWER MARRIED B. DATE OF remave lost birthdoy) Months Doys Hours and in any WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired COUNTRY physician 14. /MOTHER'S MAIDEN NAMI 13. FATHER'S NAME ar removal. en WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address permit. (Yes, no, rynknown) (If yes give wor or dotes of service) burial, crematian, INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) signed by the burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY PNEUMono ONC HO IMMEDIATE CAUSE (o) **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the hospital ar attending physician. DUE TO Conditions, if ony, which gove (b) rise to immediate couse (a). DUE TO stoting the underlying couse this certificate has been 3 shauld be detached far use as the with the State Dept. af Health priar ta last 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION NO YES 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MFDICAL TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Haur o.m. foctory, street, office bldg., etc.) Not While ot work **DIRECTOR:** After 196 / that (1) (we) last 21. I certify that (I) (this haspital) attended the deceased fram 6 , and that death occurred at 943 M, from causes and an the date stated above saw the deceased alive on. 19 22o. SIGNATURE 22b. DATE SIGNED MED. DIRECTOR ATTENDING STAFF PHYS. M.D. PHYS. directar, page should be filed 22d. ADDRESS 22c. PHYSICIAN'S TO FUNERAL NAME (Type) 230. BURIAL, CREMATION 23b. DATE THEREO! 235 NAME OF CEMETERY OR CREMATORY 28d./LOCATION (City or Town) (County) (Stote) DEMOVAL (Specify) ENWOOD EMETPLY 0 REGISTRAR'S SIGNATURE FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR VR A15 (4) 20 M 1/66 20016 DATEN

